EXHIBIT 4

John White <jwhite@compassmarketinginc.com>

RE: possible contingency case vs. Dan & Chip

1 message

Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>
To: John White <jwhite@compassmarketinginc.com>

Sat, Jul 20, 2019 at 2:39 PM

I really need to add my litigator partner to the call to see if he would have interest (we tried to get you Friday but missed you). I have sent him an email asking for around 1:30-3 pm CST (I will be in car then). Will let you know when I hear.

From: John White <jwhite@compassmarketinginc.com>

Sent: Saturday, July 20, 2019 12:39 PM

To: Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>
Subject: Re: possible contingency case vs. Dan & Chip

Can you chat this today or tomorrow?

Give me a buzz

Thx

John White Chairman/CEO Compass Marketing Inc www.compassmarketinginc.com

On Tue, Jul 16, 2019, 6:34 PM Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com> wrote:

Give me a time and I can try to set up, but especially if it is a contingency you do not want too many cooks....

From: John White <jwhite@compassmarketinginc.com>

Sent: Tuesday, July 16, 2019 8:42 AM

To: Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>
Subject: Re: possible contingency case vs. Dan & Chip

Fantastic. How bout Doug ...?

John White Chairman/CEO Compass Marketing Inc www.compassmarketinginc.com

On Tue, Jul 16, 2019, 5:30 AM Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com> wrote:

I spoke to one of our top litigators, John Kennedy who was intrigued by the concept and would be willing to discuss it further. Let me know some available times and I can try to set up a call (also let me know if you want to include Steven or anyone else on that call)...

Taft /

Mitchell D. Goldsmith / Partner
Taft Stettinius & Hollister LLP
111 E. Wacker Drive, Suite 2800
Chicago, Illinois 60601-3713
Tel: 312.527.4000 • Fax: 312.966.8479
Direct: 312.836.4006 • Cell: 312.320.4657
www.taftlaw.com / mgoldsmith@taftlaw.com

Taft vCard

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John White <jwhite@compassmarketinginc.com>

Proposal for litigation assessment/engagement - subject to attorney client privilege

1 message

Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>
To: John White <jwhite@compassmarketinginc.com>
Cc: "Kennedy, John" <jkennedy@taftlaw.com>

Mon, Sep 9, 2019 at 12:01 PM

John, it was good catching up with you on Saturday. John K had sent me the following which lays out the terms on which Taft would be willing to proceed. Let me know if this is acceptable, and if so, we will draw up a formal engagement letter which will be binding only if fully executed. As we noted previously, this will require some intensive work to complete the assessment and if requested assist in the drafting of a complaint, and due to the apparent statute of limitations issues, needs to be started almost immediately if you want to provide sufficient time to assess the claim and assess Steve Stern in getting a complaint on file before the statute of limitations are almost assuredly an issue (and could possibly be an issue even now). Let us know your thoughts.

Taft /

Mitchell D. Goldsmith / Partner
Taft Stettinius & Hollister LLP
111 E. Wacker Drive, Suite 2800
Chicago, Illinois 60601-3713
Tel: 312.527.4000 • Fax: 312.966.8479
Direct: 312.836.4006 • Cell: 312.320.4657
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From: Kennedy, John

Sent: Friday, September 6, 2019 10:56 AM

To: Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>

Subject: RE: John White

Terms

- 1. Kennedy 30% discount from \$650 hourly= \$455 hourly
- 2. Babbitt: \$390 to \$365;
- 3. Associates: Standard rates
- 4. \$50,000 retainer payable before any work commences
- 5. Limited engagement to investigate the current information and assess theories of liability/counts for a complaint. There is a statute of limitations issue which John White and Stephen Stern are aware of that may run in October, 2019. They need to act before this runs. We have not investigated this issue, as we have discussed this issue with John W. and Stephen Stern.
- 6. 3x discounted rate if we prevail.

John

John White <jwhite@compassmarketinginc.com>

FW: Just following up to see if you want to move forward with Kennedy & team on the pre-lawsuit work 1 message

Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>
To: John White <jwhite@compassmarketinginc.com>

Wed, Sep 11, 2019 at 6:38 PM

Just pinging again, since this is so time sensitive. How are things going in Saudi Arabia? Do they want to hire Ron Earley as a goat herder?

Taft /

Mitchell D. Goldsmith / Partner
Taft Stettinius & Hollister LLP
111 E. Wacker Drive, Suite 2800
Chicago, Illinois 60601-3713
Tel: 312.527.4000 • Fax: 312.966.8479
Direct: 312.836.4006 • Cell: 312.320.4657
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EXHIBIT 5

John White <jwhite@compassmarketinginc.com>

Re: Please review and execute or call me with any concerns

1 message

Mike White <mwhite@compassmarketinginc.com> To: John White <jwhite@compassmarketinginc.com> Cc: Daniel White <dwhite@compassmarketinginc.com> Mon, Apr 9, 2018 at 9:12 AM

I assume this is related to the telephone call we had last night. I don't remember being "present" for any meeting and I certainly did not sign or agree to any waivers, motions, or resolutions.

Mike

Michael R. White **Compass Marketing Inc** Annapolis Maryland 21403 410-268-0030 x 202 fax 443-440-5768

On Sun, Apr 8, 2018 at 10:42 PM, John White <jwhite@compassmarketinginc.com> wrote:

Thanks John

John White Chairman/CEO Compass Marketing Inc. www.compassmarketinginc.com

John White <jwhite@compassmarketinginc.com>

Please review and execute or call me with any concerns

1 message

John White <jwhite@compassmarketinginc.com>

Sun, Apr 8, 2018 at 10:42 PM

To: Daniel White <dwhite@compassmarketinginc.com>, Mike White <mwhite@compassmarketinginc.com>

Thanks John

John White Chairman/CEO Compass Marketing Inc. www.compassmarketinginc.com

Shareholder's meetimng 4-8-2018.doc 224K



Compass Marketing Inc.

Minuets of a Special Meeting of Shareholders

Date: 4/08/2018

The Following Shareholders were present representing all shareholders of the company: John D. White Daniel J. White Michael R. White The secretary presented and read a waiver of the time, place, and purpose of the meeting, signed by all the shareholders, which was ordered filed. The meeting was called to order. **Resolution of Shareholders** It is hereby resolved this 8th day of April 2018 that there are a total number of 900 shares of authorized and outstanding stock of Compass Marketing Inc., with the ownership interests as follows, John White owns 600 shares, representing 66.66% of the total shares of the company. Daniel White owns 150 shares, representing 16.67% of the total shares of the company. Michael White owns 150 shares, representing 16.67% of the total shares of the company. No further business being brought before the meeting, upon motion duly made, seconded and unanimously adopted, the meeting was adjourned. Dated: 4/08/2018 John White, Secretary of the meeting

Shareholders



Dated:	
	John White
Dated:	
	Daniel White
Dated	
	Michael White

EXHIBIT 6

					ended K-1	OMB No. 1545-0123
	hedule K-1 orm 1120S)	018 E	art	Shareholder's S Deductions, Cro		Current Year Income,
Dep	nal Revenue Service For calendar year 201	8, or tax year	To	rdinary business income (lo	Shine park of the last of the	AT A STATE OF THE
iiitoi	2	/ 2	I N	-478, 2 et rental real estate income		
	beginning / / 2018 ending /		"	et rentai real estate income	(ioss)	
	areholder's Share of Income, Deduction	100	0	ther net rental income (loss)		
50	edits, etc. See back of form and separate	instructions.	In	terest income	\dashv	
	Part I Information About the Corporation					
A	Corporation's employer identification number 54-1885090	54	0	rdinary dividends		
В	Corporation's name, address, city, state, and ZIP code Compass Marketing Inc	51		ualified dividends	14	Foreign transactions
	222 Severn Ave Suite 200	6	Re	oyalties		
	Annapolis MD 21403	7	N	et short-term capital gain (lo	ess)	
С	IRS Center where corporation filed return Kansas City, MO 64999-0013	88	Ne	et long-term capital gain (lo	ss)	
E	Part II Information About the Shareholder	81		ollectibles (28%) gain (loss)		
D	Shareholder's identifying number	80	Ur	nrecaptured section 1250 g	ain	
E	Shareholder's name, address, city, state, and ZIP code John D. White	9	Ne	et section 1231 gain (loss)		
		10	Ot	ther income (loss)	15	Alternative minimum tax (AMT) items
	222 Severn Ave Suite 200 Annapolis MD 21403				A	0.
F	Shareholder's percentage of stock ownership for tax year	0000 %				
		11	Se	ection 179 deduction	16	Items affecting shareholder basis
		12	Ot	25,4 her deductions	18. C	5,181.
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		-	_	See attached statem	ent for a	dditional information.

	hedule K-1 orm 1120S)	2018	Pa	art III	Shareholder's Share Deductions, Credits	e of (Current Year Income,
	artment of the Treasury		1	Ordina	ry business income (loss)	13	
Inter	mal Revenue Service	For calendar year 2018, or tax year	,	Ordina	-239,110.	1351700	Ciedits
	beginning / / 2018	ending / /	2	Net ren	ntal real estate income (loss)		
Sh	areholder's Share of Incor	ne, Deductions,	3	Other r	net rental income (loss)	-	
		of form and separate instructions.					
	Part I Information About the	Corporation	4	Interest	t income		
A	Corporation's employer identification number 54-1885090	ber	5a	Ordinar	ry dividends		
В	Corporation's name, address, city, state, a Compass Marketing Inc	and ZIP code	5b	Qualifie	ed dividends	14	Foreign transactions
	222 Severn Ave Suite 2	00	6	Royaltie	es	1	
	Annapolis MD 21403	.00	7	Net sho	ort-term capital gain (loss)	1	
С	IRS Center where corporation filed return Kansas City, MO 64999	-0013	8a	Net lon	g-term capital gain (loss)		
E	Part II Information About the	Shareholder	8b	Collecti	ibles (28%) gain (loss)		
D	Shareholder's identifying number		8c	Unreca	ptured section 1250 gain		
E	Shareholder's name, address, city, state, a Daniel J. White	and ZIP code	9	Net sec	ction 1231 gain (loss)		
	DO D 4560		10	Other in	ncome (loss)	15	Alternative minimum tax (AMT) items
	PO Box 1760 Leonardtown MD 20650			1 =		A	0.
F	Shareholder's percentage of stock ownership for tax year	25.00000 %					
			11	Section	179 deduction	16	Items affecting shareholder basis
			12	Other d	12,709.	C	2,590.
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Name to a superior			Final K-		Amended K-		OMB No. 1545-0123
Schedule K-1 (Form 1120S)	2018	Pa	art III	Shareholder's	s Share o	f C	Current Year Income,
Department of the Treasury		1		Deductions, of business income		ind	
Internal Revenue Service	For calendar year 2018, or tax year	1	Ordinary		, 110.		Oreans
beginning / / 2018	ending / /	2	Net renta	al real estate incor			
Shareholder's Share of Inco		3	Other ne	et rental income (lo	oss)		
CONTRACTOR OF THE SHAPE OF THE	ck of form and separate instructions.	4	Interest i	income			
Part I Information About the		_					_
A Corporation's employer identification nu 54-1885090	mber	5a	Ordinary	dividends			
B Corporation's name, address, city, state Compass Marketing Inc	, and ZIP code	5b	Qualified	dividends	1	14	Foreign transactions
222 Severn Ave Suite	200	6	Royalties	S			
Annapolis MD 21403		7	Net shor	t-term capital gair	(loss)		
C IRS Center where corporation filed return Kansas City, MO 6499	9-0013	8a	Net long-	-term capital gain	(loss)		
Part II Information About th	ne Shareholder	8b	Collectib	les (28%) gain (los	33)		
D Shareholder's identifying number		8c	Unrecapt	tured section 1250	gain		
E Shareholder's name, address, city, state, Michael R. White	, and ZIP code	9	Net secti	on 1231 gain (loss	5)		
HARRY THE COLUMN TWO COLUMN TO THE COLUMN TWO COLUMN TW	ĺ	10	Other inc	come (loss)	1	5	Alternative minimum tax (AMT) items
39650 Hiawatha Circle Mechanicsville MD 206					A		0.
F Shareholder's percentage of stock ownership for tax year	25.00000 %						
	,	11	Section 1	79 deduction	1	6	Items affecting shareholder basis
					709. C		2,590.
		12	Other dec	ductions			
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	nedule K-1 rm 1120S)	2017	Pa	Shareholder's Share Deductions, Credits,		Other Items
Depa	artment of the Treasury nal Revenue Service	For calendar year 2017, or tax year	1	Ordinary business income (loss)	13	Credits
men	nai Revenue Service		1	382,550.		1
	beginning / / 2017	ending / /	2	Net rental real estate income (loss)		
Sha	areholder's Share of Incom	e, Deductions,	3	Other net rental income (loss)		3
	J:41 -	of form and separate instructions.	5			
-	Doet I Information About the	O	4	Interest income		
	Part I Information About the	Corporation		40.		
A	Corporation's employer identification number $54-1885090$	er	5a	Ordinary dividends		
В	Corporation's name, address, city, state, and Compass Marketing, Inc.	d ZIP code	5b	Qualified dividends	14	Foreign transactions
			6	Royalties	8	
3	222 Severn Ave, Ste 200)				
	Annapolis, MD 21403		7	Net short-term capital gain (loss)		
С	IRS Center where corporation filed return	1012	8a	Net long-term capital gain (loss)		
_	Cincinnati, OH 45999-0	0113	- 01	Collectibles (28%) gain (loss)		
G	Part II Information About the	Shareholder	8b	Collectibles (20%) gain (loss)		
D	Shareholder's identifying number		8c	Unrecaptured section 1250 gain		
-						
E	Shareholder's name, address, city, state, and John D White	d ZIP code	9	Net section 1231 gain (loss)		
	222 Severn Ave, Suite 2	200	10	Other income (loss)	15	Alternative minimum tax (AMT) items
	Annapolis, MD 21403		i especial		A	0.
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	1994 15, 555 55 55 55 55 55 55 55 55 55 55 55					
F	Shareholder's percentage of stock ownership for tax year	50.00000 %				
	omedia is is is in year	1 11				
			11	Section 179 deduction	16	Items affecting shareholder basis
			11		10000	9, 266.
			12	25,133. Other deductions	C	9,200.
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	hedule K-1 20 17	Pa	Shareholder's Share	of C	urrent Year Income,
		1	Deductions, Credits, Ordinary business income (loss)		Credits
Inter	artment of the Treasury For calendar year 2017, or tax year nal Revenue Service	'	191,275.	13	Credits
SCHOOL	beginning / / 2017 ending / /	2	Net rental real estate income (loss)		
	areholder's Share of Income, Deductions, edits, etc. See back of form and separate instructions.	3	Other net rental income (loss)		
		4	Interest income		
	Part I Information About the Corporation	1 *	21.		
A	Corporation's employer identification number 54-1885090	5a	Ordinary dividends		
В	Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc.	5b	Qualified dividends	14	Foreign transactions
	222 Severn Ave, Ste 200	6	Royalties		
	Annapolis, MD 21403	7	Net short-term capital gain (loss)		
С	IRS Center where corporation filed return Cincinnati, OH 45999-0013	8a	Net long-term capital gain (loss)		
E	Part II Information About the Shareholder	8b	Collectibles (28%) gain (loss)		
D	Shareholder's identifying number	8c	Unrecaptured section 1250 gain		
E	Shareholder's name, address, city, state, and ZIP code Daniel J White	9	Net section 1231 gain (loss)		
	PO Box 1760	10	Other income (loss)	15	Alternative minimum tax (AMT) items
	Leonardtown, MD 20650			А	0.
F	Shareholder's percentage of stock ownership for tax year				
			F		
		11	Section 179 deduction	16	Items affecting shareholder basis
			12,566.	C	4,634.
		12	Other deductions		
		A	938.		
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	orm 1120S)	2017	1.6	Shareholder's Share Deductions, Credits,		
Dep	artment of the Treasury rnal Revenue Service	For calendar year 2017, or tax year	1	Ordinary business income (loss)	13	Credits
	beginning / / 2017	ending / /	2	191,275. Net rental real estate income (loss)		
Sh	areholder's Share of Incom	e, Deductions,	3	Other net rental income (loss)		
	adita ata	of form and separate instructions.				
	Part I Information About the	Corporation	4	Interest income		
-				21.		
A	Corporation's employer identification number 54-1885090		5a	Ordinary dividends		
В	Compass Marketing, Inc.	d ZIP code	5b	Qualified dividends	14	Foreign transactions
	222 Severn Ave, Ste 200	1	6	Royalties		
	Annapolis, MD 21403	,	7	Net short-term capital gain (loss)		о — т
С	IRS Center where corporation filed return Cincinnati, OH 45999-0	0013	8a	Net long-term capital gain (loss)		
E	Part II Information About the	Shareholder	8b	Collectibles (28%) gain (loss)		
D	Shareholder's identifying number		8c	Unrecaptured section 1250 gain		
E	Shareholder's name, address, city, state, an Michael R White	d ZIP code	9	Net section 1231 gain (loss)		
	39650 Hiawatha Circle		10	Other income (loss)	15	Alternative minimum tax (AMT) items
	Mechanicsville, MD 2065	59			A	0.
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F	Shareholder's percentage of stock ownership for tax year	25.00000 %				
					10	
			11	Section 179 deduction	16	Items affecting shareholder basis
			12	12,566.	C	4,634.
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	orm 1120S) artment of the Treasury	1500			A CONTRACTOR OF STREET	Turner of the same	Other Items
	mal Revenue Service For calendar year 2016, or tax	1	Ordinary	y business inc	ome (loss)	13	Credits
	year beginning, 2016 ending, 20				80,591.		
٠.	The second secon	2	Net rent	tal real estate i	ncome (loss)		
	areholder's Share of Income, Deductions, edits, etc. See back of form and separate instructions.	3	Other ne	et rental incon	ne (loss)		
	Part I Information About the Corporation	4	Interest		348.		
A	Corporation's employer identification number 54-1885090	5a	Ordinary	y dividends			
В	Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc.	5b	Qualified	d dividends		14	Foreign transactions
	222 Severn Ave, Ste 200 Annapolis, MD 21403	6	Royaltie	es .			
		7	Net sho	rt-term capital	gain (loss)		
С	IRS Center where corporation filed return Cincinnati, OH 45999-0013	8a	Net long	g-term capital	gain (loss)		
E	art II Information About the Shareholder	8b	Collectit	bles (28%) gai	n (loss)		
D	Shareholder's identifying number	8c	Unrecap	otured section	1250 gain		
Ε	Shareholder's name, address, city, state, and ZIP code John D White	9	Net sect	tion 1231 gain	(loss)		
	222 Severn Ave, Suite 200	10	Other in	come (loss)		15	Alternative minimum tax (AMT) items
	Annapolis, MD 21403					A	0.
F	Shareholder's percentage of stock ownership for tax year		* 10°* 1				
		11	Section	179 deduction	1	16	Items affecting shareholder basis
		12	Other de	eductions		C	35,675.
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Schedule K-1		L	Final K		Amended		OMB No. 1545-0123
(Form 1120S)	2016	Pa	art III				urrent Year Income,
Department of the Treasury		1000	LOrdinas	y business inco	THE PARTY OF THE P	and 13	Other Items Credits
Internal Revenue Service	For calendar year 2016, or tax	1	Ordinar			13	Credits
	year beginning, 2016 ending, 20	2	Net ren	tal real estate in	40,296. ncome (loss)		
Shareholder's Sha Credits, etc.	re of Income, Deductions, > See back of form and separate instructions.	3	Other n	et rental incom	e (loss)		
Part I Information	on About the Corporation	4	Interest	income	175.		
A Corporation's employer in 54-1885090	dentification number	5a	Ordinar	y dividends			
Compass Marke		5b	Qualifie	d dividends		14	Foreign transactions
222 Severn Av Annapolis, MD		6	Royaltie	s			
		7	Net sho	rt-term capital	gain (loss)		
C IRS Center where corpora Cincinnati, O	ation filed return pH 45999-0013	8a	Net long	g-term capital ç	gain (loss)		
Part II Informatio	n About the Shareholder	8b	Collecti	bles (28%) gair	ı (loss)		
D Shareholder's identifying	number	8c	Unrecap	otured section	1250 gain		
E Shareholder's name, add Michael R Whi	ress, city, state, and ZIP code te	9	Net sec	tion 1231 gain	(loss)		
39650 Hiawath		10	Other in	come (loss)		15	Alternative minimum tax (AMT) items
Mechanicsvill	e, MD 20659					A	0.
F Shareholder's percentage ownership for tax year .							
		11	Section	179 deduction)	16 C	Items affecting shareholder basis 17,838.
		12	Other de	eductions	500000000000000000000000000000000000000		
		A			926.		
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, p						17	Other information
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Schedule K-1			Final K-1 Amende		OMB No. 1545-0123
(Form 1120S)	2016	Pa	Shareholder's Sh		Current Year Income,
Department of the Treasury	For colondar year 2016, or tay	1	Ordinary business income (loss)	13	Credits
Internal Revenue Service	For calendar year 2016, or tax	1 8	-40,296		
	year beginning, 2016 ending, 20	2	Net rental real estate income (loss		
Shareholder's Share Credits, etc.	of Income, Deductions, ▶ See back of form and separate instructions.	3	Other net rental income (loss)	-	
Part Information	About the Corporation	4	Interest income		
A Corporation's employer identi 54-1885090	ification number	5a	Ordinary dividends		
B Corporation's name, address Compass Marketi	ng, Inc.	5b	Qualified dividends	14	Foreign transactions
222 Severn Ave, Annapolis, MD 2		6	Royalties		
		7	Net short-term capital gain (loss)		
C IRS Center where corporation Cincinnati, OH		8a	Net long-term capital gain (loss)		
Part I Information A	About the Shareholder	8b	Collectibles (28%) gain (loss)		
D Shareholder's identifying num	aber	8c	Unrecaptured section 1250 gain		
E Shareholder's name, address Daniel J White	, city, state, and ZIP code	9	Net section 1231 gain (loss)		
PO Box 1760 Leonardtown, MD	20650	10	Other income (loss)	15 A	Alternative minimum tax (AMT) items 0.
F Shareholder's percentage of s ownership for tax year	stock 25.00000 %				
		11	Section 179 deduction	16	Items affecting shareholder basis
			Social II addadion	C	17,838.
		12	Other deductions		
>		A	926	•	
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Scl	hedule K-1 2015		Final K-1		Amended h	(-1	OMB No. 1545-0123
(For	111 11203)	F	art III				of Current Year Income,
nterr	Intment of the Treasury all Revenue Service specifies year beginning 2015, or tax	1	Ordina	ry business in			Credits
	ending				103,917.		
Sh	areholder's Share of Income, Deductions,	2	Net renta	al real estate inco	ome (loss)		
	edits, etc. > See page 2 of form and separate instructions	3	Other r	net rental inco	me (loss)		
	Defendable About the Comment of	L			(/	L	
_	Part I Information About the Corporation	4	Interes	t income			
Α	Corporation's employer identification number 54–1885090	5.2	Ordina	ry dividends	146.		
В	Corporation's name, address, city, state, and ZIP code	1 "	Ordina	ry dividends			
	Compass Marketing, Inc.	5 b	Qualifie	ed dividends		14	Foreign transactions
	222 Severn Ave, Ste 200	6	Dougli				
	Annapolis, MD 21403	°	Royalti	es		ner somessi	
		7	Net sho	ort-term capita	al gain (loss)		
С	IRS Center where corporation filed return		N-11-	- 1!1-	Lasia (lasa)		
	Cincinnati, OH 45999-0013	8 a	Net ion	g-term capita	gain (loss)		
8	Part II Information About the Shareholder	8 b	Collect	ibles (28%) g	ain (loss)		
D	Shareholder's identifying number						
F	Shareholder's name, address, city, state, and ZIP code	8 c	Unreca	ptured section	n 1250 gain		
-	John D White	9	Net sec	ction 1231 gai	n (loss)		
	222 Severn Ave, Suite 200						
	Annapolis, MD 21403	10	Other i	ncome (loss)		15 A	Alternative minimum tax (AMT) items
							<u>0</u> -
F	Shareholder's percentage of stock	<u>_</u>					
	ownership for tax year	-					
		+					
		L				L	
		SW SV					
		11	Section	179 deduction	on	16	Items affecting shareholder basis
						_C	32,448.
F		12	Other	deductions	0.070	_	221 511
R		_A			2,973.	- <u>-</u> -	231,511.
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ON						17	Other information
L						A	146.
		100000				L_	
			*See	attached	statement fo	or ac	Iditional information.

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Schedule K-1 201	5 =	Final K-1	Amended I	20150	OMB No. 1545-0123
(Form 11205)	3				of Current Year Income, and Other Items
Department of the Treasury For calendar year 2015, or tax Internal Revenue Service year beginning 2015	1	Ordinary business		13	Credits
ending		100000000000000000000000000000000000000	51,959.		
Shareholder's Share of Income, Deductions	5, 2	Net rental real estate in	Net rental real estate income (loss)		
Credits, etc See page 2 of form and separate instruction		Other net rental inc	come (loss)		
Part I Information About the Corporation	4	Interest income			
A Corporation's employer identification number	-	Ordinary disidend	73.		
54-1885090 B Corporation's name, address, city, state, and ZIP code	→ °°	Ordinary dividends			
Compass Marketing, Inc.	51	Qualified dividends	3	14	Foreign transactions
222 Severn Ave, Ste 200					
Annapolis, MD 21403	6	Royalties			
	7	Net short-term cap	ital gain (loss)		
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	8 :	Net long-term capit	tal gain (loss)		
Part II Information About the Shareholder		Tree long-term cupi	tai gaii (ioss)		
D Shareholder's identifying number	81	Collectibles (28%)	gain (loss)		
	8 0	Unrecaptured secti	on 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	_	N-1 1001 -	ala (lasa)	L -	
Daniel J White PO Box 1760	9	Net section 1231 g	ain (loss)		
Leonardtown, MD 20650	10	Other income (loss	5)	15	Alternative minimum tax (AMT) items
		ļ		A	0.
405					
F Shareholder's percentage of stock ownership for tax year	1 %	+			
23.000					
		+			
	11	Section 179 deduc	tion	16 C	Items affecting shareholder basis
F	12	Other deductions		<u></u>	16,225.
O R	A		1,486.	D	115,756.
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		*See attached	l statement fo	1 20	Iditional information

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Sch	nedule K-1 2015	<u>'U</u>	inal K-1	Amended R	(-1	OMB No. 1545-0123
(For	rm 1120S) 2013	P	art III			of Current Year Income,
Depa	rtment of the Treasury For calendar year 2015, or tax nat Revenue Service			Deductions, Credi		
	year beginning, 2015	1	Ordinary	business income (loss)	13	Credits
	ending,	_		51,959.		
Sh	areholder's Share of Income, Deductions,	2	Net rental r	real estate income (loss)		
	edits, etc. > See page 2 of form and separate instructions.	3	Otherne	t rental income (loss)		
		3	Other rie	rental income (loss)		
難	Part I Information About the Corporation	4	Interest in	ncome		
A	Corporation's employer identification number	-	III.CI COL II	73.		_
	54-1885090	5 a	Ordinary	dividends		
В	Corporation's name, address, city, state, and ZIP code					
	Compass Marketing, Inc.	5 b	Qualified	dividends	14	Foreign transactions
	222 Severn Ave, Ste 200					
	Annapolis, MD 21403	6	Royalties	kij		
						1
		7	Net short	-term capital gain (loss)		
C	IRS Center where corporation filed return					
	Cincinnati, OH 45999-0013	8 a	Net long-	term capital gain (loss)		
F	Part II Information About the Shareholder	~~				
_		8 b	Collectibl	es (28%) gain (loss)		
D	Shareholder's identifying number	0.0	l lass sout	and analism 4050 main		
E	Shareholder's name, address, city, state, and ZIP code	86	Unrecapt	ured section 1250 gain		
_	Michael R White	9	Not cocti	on 1231 gain (loss)		
	39650 Hiawatha Circle	"	IVEL SECTI	on 1231 gain (1033)		
	Mechanicsville, MD 20659	10	Other inc	ome (loss)	15	Alternative minimum tax (AMT) items
	Hechanicsville, No 20039		Cuioi mic	ome (loss)	A	0.
					- <u>, </u>	
_						
F	Shareholder's percentage of stock ownership for tax year					
	23.00000 v					
						l
		11	Section 1	79 deduction	16	Items affecting shareholder basis
					C	16,225.
F		12	Other de			
R		_A		1,486.	<u>D</u> .	115,756.
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			*See a	attached statement for	or ac	Iditional information.

		П,	Final K-1 Amended	И 1	671113
Schedule K-1 (Form 1120S)	2014 For calendar year 2014, or tax			are	of Current Year Income,
Department of the Treasury Internal Revenue Service	year beginning, 2014 ending	1	Ordinary business income (loss) 464,460.	13	Credits
	of Income, Deductions,		Net rental real estate income (loss)		
	About the Corporation	3	Other net rental income (loss)	ļ.	
A Corporation's employer iden	Paragraph Managraph Jacobs Commission of Managraph Commission of Managraph (Managraph Commission)		Interest income 47. Ordinary dividends	-	
B Corporation's name, addres	AND COLORS SERVICE OF COLORS AND		Qualified dividends	14	Foreign transactions
222 Severn Ave, Annapolis, MD 21	Ste 200	6	Royalties	+-	
Immaporito, in Er		7	Net short-term capital gain (loss)		
C IRS Center where corporation		8 a	Net long-term capital gain (loss)		
Part II Information	About the Shareholder	8 b	Collectibles (28%) gain (loss)	+-	
D Shareholder's identifying nu		8 c	Unrecaptured section 1250 gain		
E Shareholder's name, address John D White		9	Net section 1231 gain (loss)	+-	
222 Severn Ave, Annapolis, MD 21		10	Other income (loss)		Alternative minimum tax (AMT) items
				A	0.
F Shareholder's percentage o ownership for tax year				-	
		11	Section 179 deduction	16 C_	Items affecting shareholder basis
F O R	1	12 A	Other deductions	D_	1,270,603.
I R S				ļ	
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ON				17	Other information
Y				A	47.
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*See attached statement for additional information.

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Schedule K-1 2011		Final K-1 Ame	nded K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service For calendar year 2014, or tax	F	Part III Shareholder's Deductions, (Share Credits,	of Current Year Income, and Other Items
year beginning , 2014 ending ,	1	Ordinary business income (lo	30.	Credits
Shareholder's Share of Income, Deductions,	2	Net rental real estate income (loss)		
Credits, etc ➤ See page 2 of form and separate instructions. Part I Information About the Corporation	3	Other net rental income (loss)	
A Corporation's employer identification number	4	Interest income	24.	
B Corporation's name, address, city, state, and ZIP code		Ordinary dividends		
Compass Marketing, Inc. 222 Severn Ave, Ste 200	5 b	Qualified dividends	14	Foreign transactions
Annapolis, MD 21403	6	Royalties		
C IRS Center where corporation filed return	7	Net short-term capital gain (lo	oss)	
Cincinnati, OH 45999-0013 Part II Information About the Shareholder	8 a	Net long-term capital gain (lo	ss)	
D Shareholder's identifying number	8 b	Collectibles (28%) gain (loss)		
E Shareholder's name, address, city, state, and ZIP code	8 c	Unrecaptured section 1250 ga	ain	
Daniel J White PO Box 1760	9	Net section 1231 gain (loss)		
Leonardtown, MD 20650	10	Other income (loss)	15 A	Alternative minimum tax (AMT) items 0 .
F Shareholder's percentage of stock ownership for tax year				
F	11	Section 179 deduction Other deductions	16 C_	Items affecting shareholder basis 63,568.
FOR LRS JSE	_A	8,7	87. D	635,302.
E O N L Y			17 A	Other information 24.
		*See attached stateme	ent for ac	dditional information

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Schedule K-1 2017		Final K-1	Amended	K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service For calendar year 2014, or tax	F	Part III	Shareholder's Sh Deductions, Cred	are	of Current Year Income, and Other Items
Internal Revenue Service year beginning, 2014 ending	1	Ordinar	business income (loss) 232, 230.		Credits
Shareholder's Share of Income, Deductions,	2	Net rental	real estate income (loss)		
Credits, etc > See page 2 of form and separate instruction	3	Other ne	et rental income (loss)	 	
Part I Information About the Corporation	4	Interest		†-	
A Corporation's employer identification number 54–1885090	5 a	Ordinar	24. y dividends	-	
B Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc.	5 t	Qualifie	d dividends	14	Foreign transactions
222 Severn Ave, Ste 200 Annapolis, MD 21403	6	Royaltie	s		
	7	Net sho	rt-term capital gain (loss)	+-	
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	8 8	Net long	-term capital gain (loss)		
Part II Information About the Shareholder	8 t	Collectit	oles (28%) gain (loss)		
D Shareholder's identifying number	8 0	Unrecap	tured section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code Michael R White 39650 Hiawatha Circle	9	Net sec	tion 1231 gain (loss)		
Mechanicsville, MD 20659	10	Other in	come (loss)	15 A	Alternative minimum tax (AMT) items 0 .
F Shareholder's percentage of stock ownership for tax year					
	11		179 deduction	16 C_	Ilems affecting shareholder basis
FOR LRS U	A		8,787.	D .	635,302.
OBE OZLY				17 A	Other information 24.
		*See	attached statement for	or ad	ditional information.

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Pal	hedule K-1	2012		Final K-1	Amended	K-1	Ь71113 ОМВ №. 1545-0130
Foi	rm 1120S)	2013 For calendar year 2013, or tax	P	art III	Shareholder's Sha Deductions, Cred		of Current Year Income,
nterr	rtment of the Treasury nal Revenue Service	year beginning , 2013	1	Ordinary I	business income (loss)	13	Credits
		ending .		Oramary .	1,333,696.		
			2	Net rental re	eal estate income (loss)		
		of Income, Deductions, 2 of form and separate instructions.	3	mitalista cini va	rental income (loss)		
		About the Corporation	4	Interest in			ļ
Δ	Corporation's employer iden	tification number	1	I I I I I I I I I I I I I I I I I I I	102.		
^	54-1885090	anication number	5 a	Ordinary		+-	+
R	Corporation's name, addres	s. city. state, and ZIP code	1 -		Color N. Processor St.		
-	Compass Marketing		5 b	Qualified	dividends	14	Foreign transactions
	222 Severn Ave, 1		- Pitalis			522	
	Annapolis, MD 21		6	Royalties		T -	
_	IRS Center where corporation	on filed return	7	Net short-	-term capital gain (loss)	† -	
_	Cincinnati, OH	45999-0013	8 a	Net long-	term capital gain (loss)	†-	†
_	Shareholder's identifying nu	About the Shareholder	8 b	Collectible	es (28%) gain (loss)	†-	
U	Snareholder's identifying hu	ilibei	8.0	Unrecent	ured section 1250 gain	+-	+
E	Shareholder's name, address	e city state and ZIP code	1 **	Onecapit	area section 1200 gain		
_	John D White	s, city, state, and ZIP code	9	Not section	on 1231 gain (loss)	+-	+
	7040 Bembe Beach	Dd	*	1401 300110	511 1201 gain (1000)		
			10	Other inco	ome (loss)	15	Alternative minimum tax (AMT) items
	Annapolis, MD 21	103		Outlot mic	ome (loss)	A	0
						1-	+ <u>-</u> -
F	Shareholder's percentage of ownership for tax year	f stock				-	
			T -				
			11	Section 1	79 deduction	16	Items affecting shareholder basis
						C_	47,606.
F			12	Other dec			
Ř			_A	ļ	15,587.	D_	374,171.
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*See attached statement for additional information.

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OMB No. 1545-0130
ar Income

Schedule K-1 2012		Final K-1 Amend	ed K-1	OMB No. 1545-0130
Schedule K-1 (Form 1120S) 2013	F	Part III Shareholder's	Share	of Current Year Income,
Department of the Treasury For calendar year 2013, or tax Internal Revenue Service				and Other Items
year beginning, 2013	1	Ordinary business income (loss	200	Credits
ending	2	Net rental real estate income (loss)	8.	
Shareholder's Share of Income, Deductions, Credits, etc > See page 2 of form and separate instructions.				
	3	Other net rental income (loss)		
Part I Information About the Corporation	4	Interest income		
A Corporation's employer identification number			1.	ļ
54-1885090	5 a	Ordinary dividends		
B Corporation's name, address, city, state, and ZIP code	-	Qualified dividends	14	Foreign transactions
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	50	Qualified dividends	14	Foreign transactions
Annapolis, MD 21403	6	Royalties		
immaperio, in Erros				
	7	Net short-term capital gain (los	s)	
C IRS Center where corporation filed return			, -	ļ
Cincinnati, OH 45999-0013	8 a	Net long-term capital gain (loss	5)	
Part II Information About the Shareholder	8 b	Collectibles (28%) gain (loss)		+
D Shareholder's identifying number				
NAME OF THE PARTY	8 c	Unrecaptured section 1250 gain	n	
E Shareholder's name, address, city, state, and ZIP code	_			
Daniel J White	9	Net section 1231 gain (loss)		
PO Box 1760 Leonardtown, MD 20650	10	Other income (loss)	15	Alternative minimum tax (AMT) items
Leonardcown, MD 20030	"	Curer meetine (1000)	A	0.
F Shareholder's percentage of stock				
ownership for tax year				
	11	Section 179 deduction	16	
-	40	Other deductions	C_	23,804.
F O R	12 A	Other deductions	4. D	187,085.
		+ <i>-'-</i>		
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O Z L Y	200		A	51.
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		*See attached statement	nt for a	dditional information.

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Schedule K-1 (Form 1120S)	201	3	Part III				f Current Year Income,
Department of the Treasury Internal Revenue Service	For calendar year 2013, or tax year beginning, 201	3 1	Ordinary	business incon			nd Other Items Credits
	ending				6,848.	-+	
	of Income, Deduction		Net rental	real estate income	(loss)		
Credits, etc > See page	e 2 of form and separate instructi	ons. 3	Other ne	et rental income	(loss)	- †	
Part I Information	About the Corporation	4	Interest	income		-+	
A Corporation's employer iden	ntification number		III.C. C.C.		51.	_	
54-1885090 B Corporation's name, address	on aity state and 7ID sade	5 a	Ordinary	dividends			
Compass Marketin	•	5 b	Qualified	dividends	14	4	Foreign transactions
222 Severn Ave,	Bldg 14 Ste 200					-+	
Annapolis, MD 21	403	6	Royaltie	S			
		7	Net shor	t-term capital ga	ain (loss)	-†	
C IRS Center where corporati			Netter	torn conital co	in (leas)	-+	
Cincinnati, OH		8 a	Net long	-term capital ga	in (loss)		
	About the Shareholder	8 b	Collectib	les (28%) gain	(loss)	_	
D Shareholder's identifying nu	ımber	8.0	Unrecan	tured section 12	250 gain	-+	
E Shareholder's name, address	ss, city, state, and ZIP code		Отпосар	tured decilori 12	.oo ga	_]	
Michael R White		9	Net sect	ion 1231 gain (l	oss)	- [
39650 Hiawatha C Mechanicsville,		10	Other in	come (loss)	15	5	Alternative minimum tax (AMT) items
neenaniesville,	ND 20033				A		0.
		_					
F Shareholder's percentage o ownership for tax year		0 %	 			-+	
Ownership for tax year		0 0					
							A A
						-+	
		-					
		111	Section	179 deduction	C	-	Items affecting shareholder basis
F O		12	Other de	eductions		-	
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, Sch	nedule K-1	2012	L	inal K-1	Amended K	(-1	OMB No. 1545-0130
(For	m 1120S)	2012	P	art III			f Current Year Income,
Depar	tment of the Treasury al Revenue Service	For calendar year 2012, or tax	1	Ordinon	Deductions, Credibusiness income (loss)		
		year beginning, 2012	1	Ordinary	463,857.	13	Credits
		ending	2	Net rental	real estate income (loss)		
		of Income, Deductions,	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cr	edits, etc > See pag	e 2 of form and separate instructions.	3	Other ne	t rental income (loss)		
(FE)	Part I Information	About the Corporation					
-			4	Interest			
Α	Corporation's employer ide	entification number	-	0.41.4	209.		
В	54-1885090	ss, city, state, and ZIP code	эа	Ordinary	dividends		
ь	Compass Marketin		5 b	Qualified	d dividends	14	Foreign transactions
	222 Severn Ave,						
	Annapolis, MD 21		6	Royalties	s		
	-						
			7	Net shor	t-term capital gain (loss)	į.	
С	IRS Center where corporat	200 M 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A		
	Cincinnati, OH	45999-0013	8a	Net long	-term capital gain (loss)		
	Part II Information	About the Shareholder	8 h	Collectib	oles (28%) gain (loss)		
D	Shareholder's identifying n	umber	""	001100112	(20,0) 5 (1270)		
	420-70-4000		8 c	Unrecap	tured section 1250 gain		
E	Shareholder's name, addre	ess, city, state, and ZIP code			2		. .
	John D White		9	Net sect	ion 1231 gain (loss)		
	7040 Bembe Beach		10	Othersia	(1)	15	Alternative minimum tax (AMT) items
	Annapolis, MD 21	.403	10	Other in	come (loss)	A	Arternative minimum tax (AMT) items
				-		Δ-	
-		191 A. B.					
F	Shareholder's percentage ownership for tax year				·		
<u></u>	- Children in tan your		L				
				 			
			11	Section	179 deduction	16	Items affecting shareholder basis
						C_	51,894.
F			12	Other de	eductions		
FOR			A.	ļ	37,999.	D_	439,507.
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Sch	redule K-1	2012	<u> </u>	inal K-1	Amended h	2.2	OMB No. 1545-0130
(For	m 1120S)	2012	P	art III	Shareholder's Sha	re c	of Current Year Income,
Depar	tment of the Treasury al Revenue Service	For calendar year 2012, or tax	-	0 11	Deductions, Credi		
		year beginning, 2012	1	Ordinary	business income (loss)	13	Credits
		ending,	2	Not rental r	231, 928. real estate income (loss)		
Sh	areholder's Share	of Income, Deductions,	-	Net Tental 1	ear estate moonie (1033)		
Cre	edits, etc - See pag	e 2 of form and separate instructions.	3	Other net	t rental income (loss)		
F50	n Information	About the Councies					
131	Part I Information	About the Corporation	4	Interest i	ncome		
Α	Corporation's employer ide	entification number			104.		
	54-1885090		5 a	Ordinary	dividends		
В		ess, city, state, and ZIP code		0	dividends	14	Foreign transactions
	Compass Marketin 222 Severn Ave,	[- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a c	Qualified	dividends	14	Poreign transactions
	Annapolis, MD 21		6	Royalties			
	Amaporro, no er	.403	. 8	,			Checon men Common de la considerazione considerazione
			7	Net short	term capital gain (loss)		
С	IRS Center where corporat	tion filed return					
	Cincinnati, OH	45999-0013	8 a	Net long-	term capital gain (loss)		
F	Part II Information	About the Shareholder			-		
			8 b	Collectibl	les (28%) gain (loss)		
D	Shareholder's identifying n	umber	8.0	Unrecant	ured section 1250 gain		
Е	Shareholder's name, addre	ess, city, state, and ZIP code	80	Onrecapt	ured section 1250 gain		
-	Daniel J White	oss, sity, state, and an osses	9	Net section	on 1231 gain (loss)		
	PO Box 1760						
	Leonardtown, MD	20650	10	Other inc	come (loss)	15	Alternative minimum tax (AMT) items
						A_	0.
F	Shareholder's percentage	of stock					
	ownership for tax year						
_		- 10					
							
			11	Section 1	179 deduction		Items affecting shareholder basis
_			_			<u>C</u>	25,948.
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Schedule K-1	12		inal K-1	Amended		OMB No. 1545-0130
Form (1205)		P	art III	Deductions, Cred	are o	of Current Year Income,
Department of the Treasury nternal Revenue Service Service year beginning	2012	1	Ordinary	business income (loss)	13	Credits
ending				231,928.	L	
Shawahaldaria Shara of Incomo Doductio		2	Net rental r	eal estate income (loss)		
Shareholder's Share of Income, Deduction Credits, etc > See page 2 of form and separate instru			011	7	↓	
Oreans, etc see page 2 or room and expanse means		3	Other net	rental income (loss)		
Part I Information About the Corporation		4	Interest in	ncome	†	
A Corporation's employer identification number				104.		
54-1885090		5 a	Ordinary	dividends		
B Corporation's name, address, city, state, and ZIP code	-				-	
Compass Marketing, Inc.		5 b	Qualified	dividends	14	Foreign transactions
222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403	-	6	Royalties		 	
Annapolis, Mb 21405			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		7	Net short	-term capital gain (loss)	T -	
C IRS Center where corporation filed return	-	_			Ļ	
Cincinnati, OH 45999-0013		8 a	Net long-	term capital gain (loss)		
Part II Information About the Shareholder	-	8 b	Collectibl	les (28%) gain (loss)	ተ−·	
D Shareholder's identifying number				(,		
STORE STATE OF THE		8 c	Unrecapt	ured section 1250 gain	T -	
E Shareholder's name, address, city, state, and ZIP code	-	_			↓- -	
Michael R White		9	Net secti	on 1231 gain (loss)		
39650 Hiawatha Circle Mechanicsville, MD 20659	1	0	Other inc	come (loss)	15	Alternative minimum tax (AMT) items
Mechanics ville, Mb 2003					A	0.
					I	
F Shareholder's percentage of stock	-					
ownership for tax year 25.00	8 000					
	-		-		†	
					<u> </u>	
	-	11	Castian	179 deduction	16	Items affecting shareholder basis
			Section	179 deduction	c	25,948.
F	1	12	Other de	ductions		
F O R	L	A	L _ _	19,000	. <u>p</u>	219,754.
1						
-R S	-		-		+	
U 8 E		-			1	
	_		l		-	
0 N					17	Other information
Ľ	- 1				A.	<u>104.</u>
	1				1	
					1	
	-	_			+	
	1		*See a	ttached statement	for a	dditional information.
				CONTRACTOR OF THE PARTY OF THE		

2011	Final F	<-1 [Amended h	<-1	OMB No. 1545-0130
Schedule K-1 2011	Part I	Shareh	older's Sha	re d	of Current Year Income,
(Form 1120S) For calendar year 2011, or tax	1 Ordin	nary business in		_	and Other Items
Department of the Treasury year beginning , 2011	I Oran		538, 223.	15	Credits
Shareholder's Share of Income, Deductions, Credits, etc > See page 2 of form and separate instructions.		ntal real estate inco	ome (loss)		
	3 Othe	r net rental inco	ome (loss)		
Part I Information About the Corporation A Corporation's employer identification number	4 Inter	est income	380.		
54-1885090	5a¦Ordir	nary dividends	500.		
B Corporation's name, address, city, state, and ZIP code	Ehl Ougl	ified dividends		1/	Foreign transactions
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	3 bi Quai	iffed dividends		14	Foreign transactions
Annapolis, MD 21403	6 Roya	alties			
	7 Nets	short-term capit	al gain (loss)		
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	8a Net I	ong-term capita	ıl gain (loss)		
Part II Information About the Shareholder					
D Shareholder's identifying number	8b Colle	ectibles (28%) g	ain (loss)		
220-16-7224	8c Unre	captured section	n 1250 gain		
Shareholder's name, address, city, state, and ZIP code John D White	9 Note	section 1231 ga	in (loss)		
7040 Bembe Beach Rd	5 IVELS	section 1251 ga	111 (1033)		
Annapolis, MD 21403	10 Othe	r income (loss)			Alternative minimum tax (AMT) items
				<u>A</u> -	
F Shareholder's percentage of stock ownership for tax year					
					
	11 Sect	ion 179 deduction	on	16	Items affecting shareholder basis
				C	64,852.
F O R	12 Othe	r deductions	19.305.	D	386,930.
R			_==/===-	-	
R S					
la la la la la la la la la la la la la l				L	
U S E					
				17	Other information
ONLY				<u>A</u> -	380.
Y					
				-	
ä					
	**	111	datament (additional info
	*Se	e attached s	statement for	or a	additional information.

2011	Final K-1 Amended K	(-1 OMB No. 1545-0130
Schedule K-1		re of Current Year Income,
(Form 1120S) For calendar year 2011, or tax	1 Ordinary business income (loss)	ts, and Other Items
Department of the Treasury year beginning, 2011 Internal Revenue Service ending,	269,112.	13 Credits
Shareholder's Share of Income, Deductions,	2 Net rental real estate income (loss)	
Credits, etc > See page 2 of form and separate instructions.	3 Other net rental income (loss)	
Part I Information About the Corporation	4 Interest income	
A Corporation's employer identification number	191.	
54-1885090 B Corporation's name, address, city, state, and ZIP code	5a Ordinary dividends	
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	5b Qualified dividends	14 Foreign transactions
Annapolis, MD 21403	6 Royalties	
	7 Net short-term capital gain (loss)	
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	8a Net long-term capital gain (loss)	
Part II Information About the Shareholder	8b Collectibles (28%) gain (loss)	
D Shareholder's identifying number	8c Unrecaptured section 1250 gain	
E Shareholder's name, address, city, state, and ZIP code		
Daniel J White PO Box 1760	9 Net section 1231 gain (loss)	
Leonardtown, MD 20650		15 Alternative minimum tax (AMT) items
		<u>A</u> 0.
F Shareholder's percentage of stock ownership for tax year		
		16 Items affecting shareholder basis C 32,427.
F O R	12 Other deductions	102 465
Ř	A 9,653.	D193,465.
R S		
JOSE TO SEE		
		47 04 14 1
OZL		17 Other information A 191.
Y		
	*See attached statement for	or additional information

0011	Final K-1 Amended k	(-1 OMB No. 1545-0130				
Schedule K-1 (Form 1120S) For calendar year 2011, or tax	Deductions, Credi	re of Current Year Income, ts, and Other Items				
Department of the Treasury year beginning, 2011 Internal Revenue Service ending,	1 Ordinary business income (loss) 269, 112.	13 Credits				
Shareholder's Share of Income, Deductions,	Net rental real estate income (loss)					
Credits, etc - See page 2 of form and separate instructions. Part I Information About the Corporation	3 Other net rental income (loss)					
A Corporation's employer identification number	4 Interest income 191.					
54-1885090 B Corporation's name, address, city, state, and ZIP code	5a Ordinary dividends					
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	5b Qualified dividends	14 Foreign transactions				
Annapolis, MD 21403	6 Royalties					
C IRS Center where corporation filed return	7 Net short-term capital gain (loss)					
Cincinnati, OH 45999-0013 Part II Information About the Shareholder	8a Net long-term capital gain (loss)					
D Shareholder's identifying number	8b Collectibles (28%) gain (loss) 8c Unrecaptured section 1250 gain					
E Shareholder's name, address, city, state, and ZIP code Michael R White	9 Net section 1231 gain (loss)					
39650 Hiawatha Circle Mechanicsville, MD 20659	10 Other income (loss)	15 Alternative minimum tax (AMT) items				
Mechanicsville, MD 20039		A				
F Shareholder's percentage of stock ownership for tax year						
	11 Section 179 deduction	16 Items affecting shareholder basis C 32,427.				
F O R	12 Other deductions A9, 653.	D193,465.				
R S						
U S E		17 Other information				
OZ LY		A191.				
	*See attached statement for additional information.					

2010	Ш	Final K-1	Amended	K-1	OMB No. 1545-0130
Schedule K-1 2010 (Form 1120S) For calendar year 2010, or tax		art III Sh	areholder's Sheductions, Cred	are lits,	of Current Year Income, and Other Items
Department of the Treasury year beginning, 2010 internal Revenue Service, ending,	1	Ordinary busin	ness income (loss) 450,678.		Credits
Shareholder's Share of Income, Deductions, Credits, etc. See page 2 of form and separate instructions.	2	Net rental real est	ate income (loss)		
Part I Information About the Corporation	3	Other net renta	al income (loss)		
A Corporation's employer identification number	4	Interest incom	e 516.	T -	
54-1885090 B Corporation's name, address, city, state, and ZIP code	5a	Ordinary divide	ends		
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	5b	Qualified divid	ends	14	Foreign transactions
Annapolis, MD 21403	6	Royalties			
C IRS Center where corporation filed return	7	Net short-term	capital gain (loss)		
Cincinnati, OH 45999-0013	8a	Net long-term	capital gain (loss)	_	
Information About the Shareholder D Shareholder's identifying number	8b	Collectibles (2	8%) gain (loss)	_	
E Shareholder's name, address, city, state, and ZIP code	8c	Unrecaptured s	section 1250 gain	† <u>-</u> '	+
John D White 7040 Bembe Beach Rd	9	Net section 12	31 gain (loss)		
Annapolis, MD 21403	10	Other income	(loss)	15 A	Alternative minimum tax (AMT) items
F Shareholder's percentage of stock ownership for tax year 50.00000 %					
		Section 179 de	eduction	16	Items affecting shareholder basis
F	12	Other deductio	ns	<u>c</u> _	49,384.
FOR IRS	A		15,033.	<u>D</u> _	392,242.
U S E					
O N L Y				17 A	Other information516.
PAA For Personal Park No. A 4 M 1		*See attach	ed statement fo	or a	dditional information.

Schedule K-1 2010	ш	Final K-1	Amended	K-1	OMB No. 1545-0130
(Form 1120S) For calendar year 2010, or tax		Deduct	ions, Cred	its,	of Current Year Income, and Other Items
Department of the Treasury year beginning , 2010 Internal Revenue Service ending ,	1	Ordinary business in	come (loss) 225,339.		Credits
Shareholder's Share of Income, Deductions,	2	Net rental real estate inco			
Credits, etc. ➤ See page 2 of form and separate instructions. Part 1 Information About the Corporation	3	Other net rental inco	me (loss)	_	
Information About the Corporation A Corporation's employer identification number	4	Interest income	250		
54-1885090 B Corporation's name, address, city, state, and ZIP code	5a	Ordinary dividends	258.		
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	5b	Qualified dividends		14	Foreign transactions
Annapolis, MD 21403	6	Royalties			+
C IRS Center where corporation filed return	7	Net short-term capita	al gain (loss)		
Cincinnati, OH 45999-0013 Part II Information About the Shareholder	8a	Net long-term capital	l gain (loss)	_	
D Shareholder's identifying number	8b	Collectibles (28%) ga	ain (loss)	_	
E Shareholder's name, address, city, state, and ZIP code	80	Unrecaptured section	1250 gain		
Michael R White 39650 Hiawatha Circle	9	Net section 1231 gain	n (loss)		+
Mechanicsville, MD 20659	10	Other income (loss)		15 A	Alternative minimum tax (AMT) items
F Shareholder's percentage of stock ownership for tax year					
	11	Section 179 deductio	n	16	Items affecting shareholder basis
F	12	Other deductions		<u>C</u>	24,692.
FOR	<u>A</u> _		_7,517.	<u>D</u> _	196,121.
RS					
U S E					
O N L Y		·= ·=	- 1	17 A_	Other information
·				-	
		*Coo charlant			
BAA F. B		see attached sta	atement fo	rac	dditional information.

Schedule K-1 2010	Ш	Final K-1		Amended	K-1	OMB No. 1545-0130
(Form 1120S) For calendar year 2010, or tax	E	Shart III Shar	rehol uctio	der's Sh	are its,	of Current Year Income, and Other Items
Department of the Treasury year beginning, 2010 Internal Revenue Service ending,	1	Ordinary busines		ome (loss) 25,339.	13	Credits
Shareholder's Share of Income, Deductions,	2	Net rental real estate			_	
Credits, etc. ➤ See page 2 of form and separate instructions.	3	Other net rental	incom	e (loss)	_	
Information About the Corporation A Corporation's employer identification number	4	Interest income		258.		†
54-1885090 B Corporation's name, address, city, state, and ZIP code	5a	Ordinary dividen	ds	236.		+
Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200	5 b	Qualified dividen	ds		14	Foreign transactions
Annapolis, MD 21403	6	Royalties				
C IRS Center where corporation filed return	7	Net short-term ca	apital	gain (loss)		I
Cincinnati, OH 45999-0013 Part II Information About the Shareholder	8a	Net long-term ca	pital g	ain (loss)		
D Shareholder's identifying number	8b	Collectibles (28%	6) gair	ı (loss)	_	†
E Shareholder's name, address, city, state, and ZIP code	8c	Unrecaptured sec	ction 1	250 gain		+
Daniel J White PO Box 1760	9	Net section 1231	gain	(loss)		
Leonardtown, MD 20650	10	Other income (lo	ss)		15 A	Alternative minimum tax (AMT) items 0 .
F Shareholder's percentage of stock ownership for tax year						
			. – – .			
	11	Section 179 dedu	uction		16 C	Items affecting shareholder basis 24,692.
F O R	12 A	Other deductions		7 517	ח	
1				-45=7-1		130,121.
R S						
U S E						
O N L					17 A	Other information 258.
L Y						
		**				
		*See attached	stat	ement fo	r ac	dditional information.

EXHIBIT 7

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 RS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending . 20 See separate instructions. Your first name and initial Last name Your social security number John D White If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above 222 Severn Ave Suite 200 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). and on line 6c are correct. Presidential Election Campaign Annapolis MD 21403 Check here if you, or your spouse if filing Foreign country name Foreign province/state/county jointly, want \$3 to go to this fund. Checking Foreign postal code a box below will not change your tax or You Spouse X Single Filing Status Head of household (with qualifying person). (See instructions.) If ☐ Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this Check only one ☐ Married filing separately. Enter spouse's SSN above child's name here. box. and full name here. ▶ 5 Qualifying widow(er) with dependent child Yourself. If someone can claim you as a dependent, do not check box 6a Exemptions Boxes checked b ☐ Spouse on 6a and 6b No. of children Dependents: (4) ✓ if child under age 17 qualifying for child tax credit (2) Dependent's (3) Dependent's on 6c who: (1) First name Last name social security number relationship to you · lived with you (see instructions) · did not live with If more than four you due to divorce or separation dependents, see (see instructions) instructions and Dependents on 6c not entered above check here ▶ d Total number of exemptions claimed Add numbers on lines above ▶ 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 569,043. Taxable interest. Attach Schedule B if required 8a 8a 563. b Tax-exempt interest. Do not include on line 8a . Attach Form(s) Ordinary dividends. Attach Schedule B if required 9a W-2 here. Also 9a attach Forms b W-2G and 10 Taxable refunds, credits, or offsets of state and local income taxes 1099-R if tax 10 11 was withheld. 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 If you did not 13 14 Other gains or (losses). Attach Form 4797 get a W-2, 14 see instructions. 15a IRA distributions . 15a **b** Taxable amount 15b 16a Pensions and annuities 16a **b** Taxable amount 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 103,917. 18 Farm income or (loss). Attach Schedule F 18 19 19 20a Social security benefits | 20a **b** Taxable amount 20b 21 Other income. List type and amount 21 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 673,523.

Adjusted Gross Income

36

23	Educator expenses	23	E-3
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889 .	25	1,650.
26	Moving expenses. Attach Form 3903	26	1,050.
27	Deductible part of self-employment tax. Attach Schedule SE .	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	48
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction		
34	Tuition and fees. Attach Form 8917	33	
35	Domestic production activities deduction. Attach Form 8903	34	
	production activities deduction. Attach Form 8903	35	

36

1,650.

671,873.

	38	Amount from line 37 (adjusted gross income)		Page
Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	38	671,873
		if.		
Credits	b	If your spouse itemizes on a separate return any 1951, ☐ Blind. ☐ checked ▶ 39a		
Standard	40	39h		
Deduction	41	Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38	40	73,569
• People who			41	598,304
check any		Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	0.
box on line 39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	598,304.
who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	193,297.
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	230/23/
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
All others:	47	Add lines 44, 45, and 46	47	193,297.
Single or	48	Foreign tax credit. Attach Form 1116 if required	100	193,297.
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49	1000	
\$6,300	50	Education credits from Form 8863, line 19 50		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er), \$12,600	53	Residential energy credits. Attach Form 5695		
Head of	54	Other credits from Form: a V 3800 b 9801		
household,	55		SERVE OF THE PERSON NAMED IN	
\$9,250	56	Add lines 48 through 54. These are your total credits	55	0.
\	57	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	193,297.
044		Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	ь	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage 🔀	61	
	62	Taxes from: a X Form 8959 b X Form 8960 c Instructions: enter code(s)	62	3,502.
	63	Add lines 56 through 62. This is your total tax	63	196,799.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 254,898.	00	190, 199.
	65	2015 estimated tax payments and amount applied from 2014 return 65		
If you have a qualifying	66a	Earned income credit (EIC) No		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67		
$\overline{}$	68	American apportunity and the F		
	69	Net premium toy and it Att - 1. F		
	70	Amount paid with request for the state of th		
	71	FYCASS SOCial coought and the d. DDTA		
	72	Credit for federal tay on finish Attack Familia		
	73	Condito from Farm - Classes - Classes		
	74	Credits from Form: a 2439 b Reserved c 8885 d 73		
Refund	75	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	259,667.
riciana	76a	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	62,868.
D: : : !:-	> b	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶□	76a	62,868.
Direct deposit?		Routing number X X X X X X X X X X X X X X X X X X X		
instructions.	- d	Account number		
Amount	77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77		
You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	The case of	
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)? Yes.	Complete	below. X No
Designee	Desi	gnee's Phone Personal ident		Delow. 🔼 140
Sign		110. number (DIA)		
Here	they	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer is constructed.	e best of my	knowledge and belief,
Joint return? See	Your	signature Date Your occupation		nowleage. None number
instructions.	_	Business Owner		268-0030
Keep a copy for	Spot	use's signature. If a joint return, both must sign. Date Spouse's occupation		
your records.			PIN, enter it	t you an Identity Protection
Paid	Print	Type preparer's name Preparer's signature Date	here (see inst	
Preparer		Date	Check	
Use Only	Firm'	sname ► Self-Prepared	self-employ	/ed
Use Offig	12.53	s address >	Firm's EIN	>
		- MANI (000 F	Phone no.	

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2014

		- marriadar moo	IIIC I ax	Mermili		- 0	MB No. 15	545-0074 IRS U	se Only	 Do not write or staple in the 	thic enace
For the year Jan. 1–E	Dec. 31, 2	014, or other tax year beginning			, 2014, e			, 20		See separate instruc	
5-04-050 Tab	a initial		Last name							Your social security n	
John D	ounals f		White								
If a joint return, spo	ouse's fil	rst name and initial	Last name						1	Spouse's social security	number
Home address (nu	mber an	d street). If you have a P.O. bo	ox, see instru	ctions.				Apt. no	+		
222 Sever	n Ave	e Suite 200 , and ZIP code. If you have a for			ces below (se	e instruct	tions)	7,50.10	4	Make sure the SSN and on line 6c are	correct.
_Annapolis				по сотприото орас	000 001011 (30	o mandot	iloris).			Presidential Election C	
Foreign country na				Foreign provin	ce/state/co	unty		Foreign postal c	jo	theck here if you, or your spou pintly, want \$3 to go to this fun	nd. Checkin
11120				J. S. S. P. S. II.	iou otato oo	unty		roreign postar c	a	box below will not change you	ur tax or
Filing Status	1	⊠ Single				4 🗆	Used of				
· imig Otatus	2	Married filing jointly	even if only	one had incor	me)	• 🗆	the qualif	ving person is a	jualifyir	ng person). (See instruct ut not your dependent, e	ions.) If
Check only one	3	Married filing separa	tely. Enter s					ime here.	Jillia bi	ut not your dependent, e	enter this
box.		and full name here.	•	,		5 🗍		g widow(er) wit	h depe	endent child	
Exemptions	6a	Yourself. If someo	ne can clai	m you as a dep	pendent, c	o not c	heck box	(6а		Boxes checked	
77	b	Spouse								on 6a and 6b	1
	С	Dependents:		(2) Dependent's		ependent's		✓ if child under ag		No. of children on 6c who:	
	(1) Fire	st name Last name	800	cial security number	relatio	nship to y	ou qua	lifying for child tax of (see instructions)	redit	 lived with you did not live with 	_
If more than four										you due to divorce or separation	į
dependents, see										(see instructions)	
instructions and										Dependents on 6c not entered above	
check here ▶□		T								Add numbers on	
	d	The state of the s	tions claim							lines above	1
Income	7	Wages, salaries, tips, e							7	527,	845.
	8a	Taxable interest. Attac	h Schedule	B if required		1000			8a		603.
Attach Form(s)	b 9a	Tax-exempt interest.				8b					
W-2 here. Also	b	Ordinary dividends. Att Qualified dividends			record the same	1			9a	100	
attach Forms W-2G and	10					9b			180		
1099-R if tax	11	Taxable refunds, credit: Alimony received	s, or onsets	or state and it	ocal incon	ie taxes			10		
was withheld.	12	Business income or (los							11		
	13	Capital gain or (loss). A	tach Scher	fule D if require	od If not r	· · · ·			12		
If you did not	14	Other gains or (losses).	Attach For	n 4797	eu. II HOL I	equirea,	, check n	ere ▶ ⊔	13		
get a W-2, see instructions.	15a	IRA distributions .	15a	, ., .	T 5	Taxah	le amoun		15b		
	16a	Pensions and annuities	16a				le amoun		16b		
	17	Rental real estate, royal	ties, partne	rships, S corpo	orations, to	usts, et	c. Attach	Schedule E	17		463
	18	Farm income or (loss). A	Attach Sche	dule F					18		100.
	19	Unemployment comper	sation .						19		
	20a	Social security benefits	20a			Tayahl	le amount		20b		
	21	Other income. List type Combine the amounts in the	and amour	it					21		
	22			1 0011111111111111111111111111111111111	unougnz	. 11115 15	your tota	l income ▶	22	989,	911.
Adjusted	23 24	Educator expenses .	: • :			23					
Gross	24	Certain business expenses fee-basis government offici	of reservists	, performing arti	ists, and						
ncome	25	Health savings account				24					
	26	Moving expenses. Attac	b Form 300	Attach Form 8	.	25					
	27	Deductible part of self-emp	Novment tax	Attach Schadu		26 27					
	28	Self-employed SEP, SIM				28					
	29	Self-employed health ins				29					
	30	Penalty on early withdra	wal of savir	nas	· · ·	30					
	31a	Alimony paid b Recipie	nt's SSN ▶	•		31a					
	32	IRA deduction			·	32					
	33	Student loan interest de	duction.			33					
	34	Tuition and fees. Attach	Form 8917		[34					
	35	Domestic production activ	ities deducti	on. Attach Form	n 8903	35					
	36	Add lines 23 through 35							36		
	37	Subtract line 36 from line	22 This is	Vour adjuster	d arose in	nomo					Carrier Co.

	38	Amount from line 37 (adjusted gross income)	38	989,911.
Tax and	39a	Blind. (Total boxes	2005	
Credits		if: Spouse was born before January 2, 1950, ☐ Blind. checked ▶ 39a		
	b	39bl		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	37,217.
for—	41	Subtract line 40 from line 38	41	952,694.
 People who check any 		Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	0.
box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	952,694.
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	334,313.
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	· ·
instructions. • All others:	47	Add lines 44, 45, and 46	47	334,313.
Single or	48	Foreign tax credit. Attach Form 1116 if required	1200	331/313.
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,200	50	Education credits from Form 8863, line 19 50		
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er), \$12,400	53	Residential energy credits. Attach Form 5695 53		
Head of	54	Other credits from Form: a 🗵 3800 b 🗌 8801 c 🗌 54 378.		
household, \$9,100	55	Add lines 48 through 54. These are your total credits	55	378.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	333,935.
	57	Self-employment tax. Attach Schedule SE	57	555,555.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
· axoo	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage X	61	
	62	Taxes from: a X Form 8959 b X Form 8960 c ☐ Instructions; enter code(s)	62	3,169.
	63	Add lines 56 through 62. This is your total tax	63	337,104.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 184,559.		
If you have a	65	2014 estimated tax payments and amount applied from 2013 return 65		
qualifying	66a	Earned income credit (EIC) No 66a		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld 7! 7,254.		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439 b Reserved c Reserved d 73		
Defined	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	191,813.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X		
instructions.	► d 77	Account number		
Amount	78	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77		
You Owe	79	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions)	78	147,517.
Third Party		VOLUMENT to allow enother account if		
Designee	Desi	nnee's		ete below. X No
		e no. number (PIN)	•	
Sign	Unde	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	ne best of	my knowledge and belief,
Here		are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer is grature Date	rer has any	/ knowledge.
Joint return? See instructions.		To book and the second		phone number
Keep a copy for	Spor	Business Owner use's signature. If a joint return, both must sign. Date Spouse's occupation)268-0030
your records.	,	Spouse's occupation	PIN, enter	
Paid	Print	/Type preparer's name Preparer's signature Date	here (see i	nst.)
Preparer		Date	Check self-emp	if
Use Only	Firm'	's name ▶ Self-Prepared	self-emp	-
————	7.55	's address ▶	Firm's El	
ununu lun M	4040		Phone no	J.

1040 Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return 2013 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-De	ec. 31, 201	3, or other tax year beginning			2013, er	dina	, 20	1	$\overline{}$	See	separate instruct	tions
Your first name and		o, or other tax your beginning	Last	name	2010, 61	iding	, 20				r social security nu	
John D			Wh.	ite								
If a joint return, spo	use's first	name and initial		name		-			-	Spou	ise's social security	number
											•	
Home address (nun	nber and	street). If you have a P.O. bo	ox, see	instructions.				Apt. no	.	A 1	Make sure the SSN((s) above
_222 Severr								200	_ 4		and on line 6c are	correct.
City, town or post offi	ce, state, a	and ZIP code. If you have a fore	eign add	dress, also complete spaces i	below (se	e instructio	ns).			Pre	sidential Election Ca	ampaign
Annapolis	MD 2	1403									here if you, or your spous want \$3 to go to this fund	
Foreign country nar	ne			Foreign province/s	state/co	unty	Fo	reign postal co	ode l'a		below will not change you	ur tax or
Filing Status	1	⊠ Single				4 🗍	Head of hour	sehold (with a	ualifyi	na ne	erson). (See instructi	
Filing Status	2		(even	if only one had income))						ot your dependent, e	
Check only one	3		(7.)	nter spouse's SSN abo			child's name	707				
box.		and full name here.				5 🗌 (Qualifying w	vidow(er) with	n dep	ende	ent child	
Exemptions	6a	Yourself. If some	one ca	n claim you as a deper	ndent, c	io not ch	eck box 6a	a		1	Boxes checked	
-xomptions	b	☐ Spouse								J	on 6a and 6b No. of children	1_
	С	Dependents:		(2) Dependent's	(3)	Dependent's		f child under age		510	on 6c who: • lived with you	
	(1) First	name Last name		social security number	relation	onship to you		ee instructions)	euit		· did not live with	-
16 man and Alban 6 man											you due to divorce or separation	8
If more than four dependents, see											(see instructions)	
instructions and											Dependents on 6c not entered above	
check here ▶□	_										Add numbers on	
	d			claimed							lines above ▶	1
Income	7	Wages, salaries, tips, o	etc. At	tach Form(s) W-2 .	$\epsilon = \kappa$				7	'	356,	112.
	8a	Taxable interest. Attac	ch Sch	nedule B if required .					88	а		666.
Attach Form(s)	b	Tax-exempt interest.				8b			4			
W-2 here. Also	9a	Ordinary dividends. At	tach S	Schedule B if required					98	а		1.
attach Forms	b	Qualified dividends				9b						
W-2G and	10	Taxable refunds, credi	ts, or	offsets of state and loca	al incor	ne taxes		* * *	10	0		206.
1099-R if tax was withheld.	11								11	1		
	12	The same of the sa		ttach Schedule C or C-		* * *		· · <u>·</u>	12	2		
If you did not	13			Schedule D if required				e ▶ ∐	13			949.
get a W-2,	14		1	ch Form 4797					14	-		
see instructions.	15a	IRA distributions .	158		_	b Taxabl			15			
	16a	Pensions and annuities	16			b Taxabl		: :::	16		1 000	
	17			partnerships, S corpora				chedule E	17	-	1,332,	747.
	18 19	Farm income or (loss).							18			
	20a	Unemployment compe Social security benefits			1			* * *	19			
	21	Other income. List type	_			D Taxabi	e amount		20			
	22	Combine the amounts in			rough S	1 This is	vour total in	ncome >	21		1,690,	601
	23	Educator expenses			_	23	your total ii	icome P	- 24	+	1,090,	001.
Adjusted	24	Certain business expense				25			1			
Gross		fee-basis government offi				24			1			
Income	25	Health savings accoun				25		150.	1			
	26	Moving expenses. Atta				26			1			
	27	Deductible part of self-en			Control of the last	27			1			
	28	Self-employed SEP, SI			and the same of	28			1			
	29	Self-employed health i				29	-		1			
	30	Penalty on early withdr				30			1			
	31a	Alimony paid b Recip		_		31a						
	32	IRA deduction				32						
	33	Student loan interest d			ALC: NOTE:	33						
	34	Tuition and fees. Attac				34						
	35	Domestic production act				35			1			
	36	Add lines 23 through 3							36	_		150.
	37	Subtract line 36 from li	ne 22	This is your adjusted	arnee i	ncome		b-	27	7	1 600	521

Tax and	38	Amount from line 37 (adjusted gross income)	38	1,690,531.
Credits	39a	Check { You were born before January 2, 1949, Blind. } Total boxes		
Oreans		if: Spouse was born before January 2, 1949, ☐ Blind. checked ▶ 39a ☐		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b□		
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,652.
People who	41	Subtract line 40 from line 38	41	1,680,879.
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	0.
39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	1,680,879.
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	623,253.
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	023,233.
see instructions.	46	Add lines 44 and 45	46	623,253.
· All others:	47	and the second second second second second second second second second second second second second second second	46	023,233.
Single or	, (1) Season	Foreign tax credit. Attach Form 1116 if required		
Married filing separately, \$6,100	48	Credit for child and dependent care expenses. Attach Form 2441 48		
	49	Education credits from Form 8863, line 19		
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880 50		
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required 51		
\$12,200	52	Residential energy credits. Attach Form 5695		
Head of	53	Other credits from Form: a 🗷 3800 b 🗌 8801 c 🗌 53 0.		255
household, \$8,950	54	Add lines 47 through 53. These are your total credits	54	0.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	623,253.
Other	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0.
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a ⋈ Form 8959 b ⋈ Form 8960 c ☐ Instructions; enter code(s)	60	1,588.
	61	Add lines 55 through 60. This is your total tax	61	624,841.
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62 144,165.	-	02.70.11.
Tayments	63	2013 estimated tax payments and amount applied from 2012 return 63		
If you have a	64a	STATE OF THE PROPERTY OF THE P		
qualifying		Earned income credit (EIC) 64a		
child, attach	ь	Nontaxable combat pay election 64b		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812		
	66	American opportunity credit from Form 8863, line 8 66		
	67	Reserved		
	68	Amount paid with request for extension to file 68		
	69	Excess social security and tier 1 RRTA tax withheld 69 3,875.		
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Credits from Form: a □ 2439 b □ Reserved c □ 8885 d □ 71		17 - 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	148,040.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here . ▶ □	74a	
Direct deposit?	▶ b	Routing number		
See instructions.				
motructions.	▶ d	Account number X X X X X X X X X X X X X X X X X X X		
1.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	► d 75	Amount of line 73 you want applied to your 2014 estimated tax ► 75		
Amount			76	478,091.
Amount You Owe	75	Amount of line 73 you want applied to your 2014 estimated tax ► 75	76	478,091.
You Owe	75 76 77	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ Estimated tax penalty (see instructions)		478,091.
You Owe Third Party	75 76 77 Do	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ Estimated tax penalty (see instructions)	. Com	
You Owe	75 76 77 Do	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ Estimated tax penalty (see instructions)	. Com	plete below. No
You Owe Third Party Designee	75 76 77 Do Des	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ Estimated tax penalty (see instructions)	. Com	plete below. No
You Owe Third Party Designee Sign	75 76 77 Do Des nar	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ Estimated tax penalty (see instructions)	. Com	plete below. No No 36873 of my knowledge and belief.
You Owe Third Party Designee Sign Here	75 76 77 Do Des nar Unc	Amount of line 73 you want applied to your 2014 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penalty (see instructions)	Compation le best rer has	plete below. No No 36873 of my knowledge and belief, any knowledge.
You Owe Third Party Designee Sign Here Joint return? See	75 76 77 Do Des nar Unc	Amount of line 73 you want applied to your 2014 estimated tax 75	Compation le best rer has	plete below. No No 36873 of my knowledge and belief.
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for	75 76 77 Do Des nar Unc	Amount of line 73 you want applied to your 2014 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penalty (see instructions)	cation ne best rer has	plete below. No No 36873 of my knowledge and belief, any knowledge.
You Owe Third Party Designee Sign Here Joint return? See instructions.	75 76 77 Do Des nar Unc	Amount of line 73 you want applied to your 2014 estimated tax > 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions > Estimated tax penalty (see instructions)	cation e best rer has Daytir If the II PIN, er	plete below. No 36873 of my knowledge and belief, any knowledge. me phone number RS sent you an Identity Protection later it
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	75 76 77 Do Des nar Unc they	Amount of line 73 you want applied to your 2014 estimated tax 75	cation ne best rer has Daytir If the If PIN, er here (s	plete below. No 36873 of my knowledge and belief, any knowledge. me phone number RS sent you an Identity Protection later it ee inst.)
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	75 76 77 Do Des narr Unc they You Spo	Amount of line 73 you want applied to your 2014 estimated tax 75	Comcation ne best rer has Daytir If the If PIN, er here (s	plete below. No 36873 of my knowledge and belief, any knowledge. me phone number RS sent you an Identity Protection of the it ee inst.) K X if PTIN
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer	75 76 77 Do Des nar Unc the You Spo	Amount of line 73 you want applied to your 2014 estimated tax > 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions > Estimated tax penalty (see instructions)	Comcation ne best rer has Daytir If the If PIN, er here (s	plete below. No 36873 of my knowledge and belief, any knowledge. me phone number RS sent you an Identity Protection later it ee inst.)
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	75 76 77 Do Des nar Unc thes You Spo	Amount of line 73 you want applied to your 2014 estimated tax 75	Comcation ne best rer has Daytir If the If PIN, er here (s	plete below. No 36873 of my knowledge and belief, any knowledge. me phone number RS sent you an Identity Protection of the it ee inst.) K X if PTIN

Form 1040		S. Individual Income Tax Return 2012 OMB No. 1545-0074 IRS			
For the year Jan 1 - De	ec 31, 20	12, or other tax year beginning , 2012, ending , 20	1		not write or staple in this space parate instructions.
Your first name and init	tial	Last name	-		urity number
John		D White	000	J. Bear	1000-
If a joint return, spouse	's first na	me and initial Last name	Spouse	's socia	I security number
Home address (number	and stre	et). If you have a P.O. box, see instructions. Apartment no.			22000
222 Severn			A	Make :	sure the SSN(s) above on line 6c are correct.
City, town or post office	, state, a	BLQg 14 200 nd ZIP code. If you have a foreign address, also complete spaces below (see instructions).	Droc	_	al Election Campaign
Annapolis		MD 21403			ou, or your spouse if filing
Foreign country name		Foreign province/state/county Foreign postal code	jointly,	want \$3	to go to this fund? Checking
			refund.		not change your tax or fou Spouse
Filing Status	1	X Single 4 Head of household (v	vith qua	alifying	person), (See
i iiiig Otatus	2	Married filing jointly (even if only one had income) instructions.) If the q	ualifying	g pers	on is a child child's
Check only	3	Married filing separately. Enter spouse's SSN above & full name_here . ▶	,		orma o
one box.		name here	with de	pende	ent child
Exemptions	6a	Yourself. If someone can claim you as a dependent, do not check box 6a		7	Boxes checked
0.51	b		• • • • • •		on 6a and 6b1 No. of children
	С	Dependents: (2) Dependent's (3) Dependent's	(4)	under e 17 ving for tax cr instrs)	on 6c who:
		social security relationship number to you	qualify	ing for	with you
	_	(1) First name Last name	child (see	tax cr instrs)	did not live with you
16	_				due to divorce or separation
If more than four dependents, see	_				(see instrs)
instructions and	¬ —				on 6c not entered above
check here ►	┙				Add numbers on lines
	d	Total number of exemptions claimed			above ▶ 1
Income	/ 8 a	Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable interest. Attach Schedule B if required		7	253,812.
		Tax-exempt interest. Do not include on line 8a 8 b		8 a	209.
Attach Form(s)	9 a	Ordinary dividends. Attach Schedule B if required	10/7/05/15/8/6/	9a	82.
W-2 here. Also		Qualified dividends	82.		02.
attach Forms W-2G and 1099-R	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
if tax was withheld.	11	Alimony received		11	
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ		12	
get a W-2, see instructions.	13 14	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here		13	
see instructions.		Other gains or (losses). Attach Form 4797		14	
		Pensions and annuities 16a b Taxable amount		15 b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu		17	463,857.
Enclose, but do	18	Farm income or (loss). Attach Schedule F		18	405,057.
not attach, any payment. Also,	19	Unemployment compensation		19	
please use		Social security benefits 20 a b Taxable amount		20 b	
Form 1040-V.	21 22	Other income Form 8889 Health Savings Accounts		21	3,000.
	23	Combine the amounts in the far right column for lines 7 through 21. This is your total income	>	22	720,960.
Adjusted	24	Certain business expenses of reservists, performing artists, and fee-basis			
Gross	05	government officials. Attach Form 2106 or 2106-EZ			
Income	25	Health savings account deduction. Attach Form 8889 25			
	26 27	Moving expenses. Attach Form 3903			
	28	Deductible part of self-employment tax. Attach Schedule SE			
	29	Self-employed SEP, SIMPLE, and qualified plans			
	30	Penalty on early withdrawal of savings 30	e soliten		
	31 a	Alimony paid b Recipient's SSN			
	32	IRA deduction			
	33	Student loan interest deduction		1	
	34	Tuition and fees. Attach Form 8917 34			
	34 35	Tuition and fees. Attach Form 8917 34 Domestic production activities deduction. Attach Form 8903 35			
	34 35 36	Tuition and fees. Attach Form 8917 34		36 37	720,960.

Form 1040, (2012)		John D White	220-	76-9220 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	720,960.
Credits		a Check _ You were born before January 2, 1948, Blind. Total boxes	T	
	-	if:		
Standard		b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39 b		
Deduction for -	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	98,304.
• People who	41	Subtract line 40 from line 38	41	622,656.
check any box	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
on line 39a or	43	Taxable income. Subtract line 42 from line 41.		
39b or who can be claimed as a		If line 42 is more than line 41, enter -0-	43	618,856.
dependent, see	44	Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election	l	
instructions.	45	b Form 4972 Alternative minimum tax (see instructions). Attach Form 6251	44	193,344.
All others:	46	Add lines 44 and 45.	45	102 244
Single or Married filing	47	Foreign tax credit. Attach Form 1116 if required	40	193,344.
separately.	48	Credit for child and dependent care expenses. Attach Form 2441	1	
\$5,950	49	Education credits from Form 8863, line 19	1	
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50	1	
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required	1	
widow(er),	52	Residential energy credits. Attach Form 5695	-	
\$11,900	1000		-	1
Head of household,	53	Other crs from Form: a 1 3800 b 8801 c 53 0.	-	
\$8,700	54	Add lines 47 through 53. These are your total credits	54	0.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		193,344.
Other	56	Self-employment tax. Attach Schedule SE	56	
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0.
		a Household employment taxes from Schedule H	59 a	
			59 b	
	60	Other taxes. Enter code(s) from instructions	60	
	61		61	193,344.
Payments	62			
If you have a	_63	2012 estimated tax payments and amount applied from 2011 return		
qualifying child, attach		a Earned income credit (EIC)		
Schedule EIC.		b Nontaxable combat pay election • 64b	1	
	65	Additional child tax credit. Attach Schedule 8812	1	
	66	American opportunity credit from Form 8863, line 8 66	_	
	67	Reserved 67		
	68	Amount paid with request for extension to file 68		
	69	Excess social security and tier 1 RRTA tax withheld 69	_	
	70	Credit for federal tax on fuels. Attach Form 4136	_	
	71	Credits from Form: a 2439 b Reserved c 8801 d 8885 71	-	
		Add Ins 62, 63, 64a, & 65-71. These are your total pmts	72	108,957.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount youoverpaid	73	
		a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here >	74 a	
Direct deposit?		Routing number XXXXXXXXX		
See instructions.		Account number XXXXXXXXXXXXXXXX		
	75	Amount of line 73 you want applied to your 2013 estimated tax ▶ 75	_	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	85,683.
You Owe	77	Estimated tax penalty (see instructions)		
Third Party	Do yo	u want to allow another person to discuss this return with the IRS (see instructions)?	plete	below. No
Designee	Desig	no's		l identification
<u> </u>	name	Colin M Robertson Jr C.P.A. no. (410) 263-6376 n	number	(PIN) 36873
Sign	belief	penalties of perjury, Lectare that I have examined this return and accompanying schedules and statements, and to the be, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	st of my	y knowledge and as any knowledge.
Here Joint return?	You	ur signature / Date / Your occupation		ytime phone number
See instructions.	> 2	10/17/2013 Executive		
Кеер а сору	Spo	buse's signature. If a joint return, both must sign. Date Spouse's occupation	If th	ne IRS sent you an Identity Pro-
for your records.	-		tect	he IRS sent you an Identity Pro- tion PIN, enter here (see instrs)
	Print/	Type preparer's name Preparer's significant Date Check X	if	PTIN
Paid	Co	lin M Robertson Jr C.P.A. 10/17/2013 self-employ		P00368737
Preparer		name Colin M Robertson Jr CPA		1-00000101
Use Only	Firm's	address 612 Third St, Suite 3A Firm's El	N Þ	
		Annapolis MD 21403 Phone no		
- contribution	-	Priorie in		Form 1040 (2012)
				10111 1040 (2012)

Form 1040 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space. For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending See separate instructions. 20 Your first name Your social security number John D White If a joint return, spouse's first name MI Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apartment no. Make sure the SSN(s) above and on line 6c are correct. 222 Severn Ave Bldg 14 200 City, town or post office. If you have a foreign address, also complete spaces below (see instructions). State ZIP code Presidential Election Campaign Annapolis Check here if you, or your spouse if filing MD 21403 jointly, want \$3 to go to this fund? Checking Foreign country name Foreign province/county Foreign postal code a box below will not change your tax or refund. You Spouse instructions.) If the qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's 1 X Single **Filing Status** 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name here Check only one box. name here. > Qualifying widow(er) with dependent child Yourself. If someone can claim you as a dependent, do not check box 6a. . . Boxes checked on 6a and 6b Exemptions No. of children on 6c who: (4) √ (2) Dependent's (3) Dependent's lived c Dependents: social security relationship age 17 qualifying for child tax cr (see instrs) with you . number to you did not (1) First name Last name live with you due to div (see instrs) If more than four Dependents on 6c not entered above dependents, see instructions and check here . . ▶ Add numbers above . 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 315,812. Income 8 a Taxable interest. Attach Schedule B if required 8 a 765. b Tax-exempt interest. Do not include on line 8a 8 b Attach Form(s) 9a 2. W-2 here. Also attach Forms Taxable refunds, credits, or offsets of state and local income taxes. . . 10 10 W-2G and 1099-R 11 if tax was withheld. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 If you did not 13 13 215. get a W-2, see instructions. 14 15a IRA distributions 15a b Taxable amount . . . 15b 16a Pensions and annuities . . . 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 538,008. Enclose, but do 18 Farm income or (loss). Attach Schedule F 18 not attach, any 19 19 payment. Also, 20 a Social security benefits | 20 a **b** Taxable amount . . . 20 b nlease use Form 1040-V. 21 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 854,802. 23 Adjusted Certain business expenses of reservists, performing artists, and fee-basis Gross 24 Income 25 Health savings account deduction, Attach Form 8889 25 50. 26 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans 28 28 29 29 4,527. Penalty on early withdrawal of savings 30 31 a Alimony paid b Recipient's SSN. . . ▶ 31 a IRA deduction 32 33 Student loan interest deduction . . . 33 Tuition and fees. Attach Form 8917 34 Domestic production activities deduction. Attach Form 8903. 35 4,577. Subtract line 36 from line 22. This is your adjusted gross income . . . 850,225. 37

(99)

Department of the Treasury - Internal Revenue Service

Form 1040 (2011)	John D White	220-	-76-9220 Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	
Credits	39 a Check You were born before January 2, 1947, Blind. Total boxes		
	if: Spouse was born before January 2, 1947, Blind. checked ▶ 39 a	360	
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39 b		
Deduction	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)		89,253.
for —	41 Subtract line 40 from line 38	41	760,972.
 People who 	42 Exemptions. Multiply \$3,700 by the number on line 6d		3,700.
check any box on line 39a or	43 Taxable income. Subtract line 42 from line 41.	42	3,700.
39b or who can	If line 42 is more than line 41, enter -0	43	757,272.
be claimed as a	44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election	, _	
dependent, see	b Form 4972		242,316.
instructions.	45 Alternative minimum tax (see instructions). Attach Form 6251		212,310.
All others:	46 Add lines 44 and 45	▶ 46	242,316.
Single or	47 Foreign tax credit. Attach Form 1116 if required 47	45080	212/3101
Married filing	48 Credit for child and dependent care expenses. Attach Form 2441 48		
separately, \$5,800		1	5
Married filing		1000	in the second
jointly or	50 Retirement savings contributions credit. Attach Form 8880 50		
Qualifying	51 Child tax credit (see instructions)	月等	
widow(er), \$11,600	52 Residential energy credits. Attach Form 5695	100	
Head of	53 Other crs from Form: a X 3800 b 8801 c 53	0.	
household,	54 Add lines 47 through 53. These are your total credits	The second name of	7 .
\$8,500	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	54	0.
041	56 Self-employment tax. Attach Schedule SE		242,316.
Other			-
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919		
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		523.
	59a Household employment taxes from Schedule H		
	b First-time homebuyer credit repayment. Attach Form 5405 if required	591)
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55-60. This is your total tax	▶ 61	242,839.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 128, 115		
If you have a	63 2011 estimated tax payments and amount applied from 2010 return 63	1023	A .
qualifying	64a Earned income credit (EIC)		
child, attach Schedule EIC.	b Nontaxable combat pay election ▶ 64 b	1	
Concust Lio.	65 Additional child tax credit. Attach Form 8812 65	1	
	66 American opportunity credit from Form 8863, line 14 66	100	1
	67 First-time homebuyer credit from Form 5405, line 10 67		A .
	68 Amount paid with request for extension to file 68		
	69 Excess social security and tier 1 RRTA tax withheld 69		H
	70 Credit for federal tax on fuels. Attach Form 4136 70	345	
	71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71	-	1
			2022 2022
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts		128,115.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	. 73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ [74 a	
Direct deposit?	▶ b Routing number XXXXXXXXX	S	1
See instructions.	d Account number XXXXXXXXXXXXXXX		
	75 Amount of line 73 you want applied to your 2012 estimated tax ► 75		
Amount	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	▶ 76	116,703.
You Owe	77 Estimated tax penalty (see instructions)		and the same of th
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Co	omplete	below. No
Designee			
	Designee's name ► Colin M Robertson Jr C.P.A. Phone no. ► (410) 263-6376	number	al identification r (PIN) ► 36873
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best	of my knov	vledge and
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer your signature.		
Joint return?		Day	ytime phone number
See instructions.	Executive	_	
Keep a copy	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	ne IRS sent you an Identity stection PIN,
for your records.	Print/Turn proposed a same	ente	er it here (see inst)
	Print/Type preparer's name Preparer's signature Date Check	X if	PTIN
Paid	Colin M Robertson Jr C.P.A. 10/15/2012 self-emp	loyed	P00368737
Preparer's	Firm's name ► Colin M Robertson Jr CPA		
Use Only	Firm's address ► 612 Third St, Suite 3A Firm's	EIN ►	
	Annapolis MD 21403 Phone	no.	

Form 1040		Pepartment of the Treasury — Internal Revenue Service J.S. Individual Income Tax Return 2010 (99) IRS Use Company				
Name,	_	To a constant of the constant	only — L	o not	write or staple in this space	e.
		e year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20 irst name MI Last name		Your	OMB No. 1545-0074 social security number	_
Address, and SSN	Joh	n n white				
aliu SSN	_	n D White nt return, spouse's first name MI Last name		-		0.72
		and the state of t	- 1	Spou	se's social security number	er
See separate instructions.	Home	address (number and street). If you have a P.O. box, see instructions. Apartment no			Aaka sura tha SCAKa	
maductions.			٠		Make sure the SSN(s)	
	City, t	Severn Ave Bldg 14 200 own or post office. If you have a foreign address, see instructions. State ZIP code	_		are correct.	
Presidential			Γ	Check	ring a box below will not	
Election Campaign	_	115 21105	ب	_ `	e your tax or refund.	
Campaign	_	heck here if you, or your spouse if filing jointly, want \$3 to go to this fund?	🏲	<u></u>	ou Spouse	
Filing Status	1	Tildad of flodserfold (With	qualit	fying	person). (See	
	2	but not your dependent	enter	pers	on is a child child's	
Check only	3	Married filing separately. Enter spouse's SSN above & full name here .	OI ILOI		crima s	
one box.		name here ► 5 Qualifying widow(er) wit	th dep	ende	nt child	
Exemptions	6	X Yourself. If someone can claim you as a dependent, do not check box 6a		7	Boxes checked on 6a and 6b	1
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		b Spouse		Γ	No. of children	
		C Dependents: (2) Dependent's (3) Dependent's	(4)		on 6c who:	
			child u	nder 17	lived with you	
	_	(1) First name Last name	age qualifyir child ta (see in	strs)	did not	
			Ī	1	live with you due to divorce	
If more than four				i	or separation (see instrs)	
dependents, see instructions and				_	Dependents on 6c not	
check here >	\neg		-	_	entered above .	_
check here [_	d Total number of exemptions plaimed			Add numbers on lines	_
	7	d Total number of exemptions claimed Wages, salaries, tips, etc. Attach Form(s) W-2		2000	above	_1
Income	8	a Taxable interest. Attach Schedule B if required	····-	7 8a	467,04:	-
	Ĭ	b Tax-exempt interest. Do not include on line 8a 8b		oa	51	<u>.</u>
Attach Form(s)	9	a Ordinary dividends. Attach Schedule B if required		9a		3.
W-2 here. Also		b Qualified dividends	3.			•
attach Forms W-2G and 1099-R		Taxable refunds, credits, or offsets of state and local income taxes		10		
if tax was withheld.	11	· · · · · · · · · · · · · · · · · · ·		11		_
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ	[12		
get a W-2,	13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here		13		_
see instructions.	14	Same of Cooperation and Area a		14		_
		a IRA distributions		15b		_
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule B	:···F	16b 17	4E0 C70	_
Enclose, but do	18	Farm income or (loss). Attach Schedule F		18	450,678	<u>.</u>
not attach, any	19	Unemployment compensation		19		_
payment. Also, please use	20	a Social security benefits		20 b		_
Form 1040-V.	21	Other income HSA FROM FORM 8889		21	2,998	3.
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	> ;	22	921,236	
Adjusted	23 24					
Gross	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ				
Income	25	Health savings account deduction. Attach Form 8889 25				
	26	Moving expenses. Attach Form 3903 26				
	27	The state of the s	1			
	28	Self-employed SEP, SIMPLE, and qualified plans	Ž.			
	29	Self-employed health insurance deduction)5.			
	30	Penalty on early withdrawal of savings				
	31 2	a Alimony paid b Recipient's SSN				
	32 33	IRA deduction				
	34	Student loan interest deduction				
	35	Domestic production activities deduction. Attach Form 8903				
	36	Add lines 23 - 31a and 32 - 35		36	4,305	
	37	Subtract line 36 from line 22. This is your adjusted gross income		37	916,931	

Form 1040 (2010)		220-76-9220 Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38 916,931.
Credits	39a Check _ You were born before January 2, 1946, Blind. Total boxes	
	".	
	b If your spouse itemizes on a separate return, or you were a dual-status alien, check here > 39 b	建 商為
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	. 40 107,823.
	41 Subtract line 40 from line 38	
	42 Exemptions. Multiply \$3,650 by the number on line 6d	42 3,650.
	If line 42 is more than line 41, enter -0-	. 43 805,458.
	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814	
	b Form 4972	
	45 Alternative minimum tax (see instructions). Attach Form 6251	
	46 Add lines 44 and 45	259,553.
	48 Credit for child and dependent care expenses. Attach Form 2441	<u>-</u> 1003
	49 Education credits from Form 8863, line 23	- 1331
	50 Retirement savings contributions credit. Attach Form 8880 50	
	51 Child tax credit (see instructions)	
	52 Residential energy credits. Attach Form 5695	
	53 Other crs from Form: a 3800 b 8801 c 53	-
	54 Add lines 47 through 53. These are your total credits	- 54
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	
Other	56 Self-employment tax. Attach Schedule SE	55 259,553.
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
	59a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16	
	60 Add lines 55-59. This is your total tax	60 259,908.
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61 165,897	05 L109420
,	62 2010 estimated tax payments and amount applied from 2009 return	
If you have a	63 Making work pay credit. Attach Schedule M	
qualifying	64a Earned income credit (EIC)	
child, attach Schedule EIC.	b Nontaxable combat pay election ▶ 64b	
	65 Additional child tax credit. Attach Form 8812	_
	American opportunity credit from Form 8863, line 14 66	_
	67 First-time homebuyer credit from Form 5405, line 10	_
	Amount paid with request for extension to file	
	69 Excess social security and tier 1 RRTA tax withheld 69	_
	70 Credit for federal tax on fuels. Attach Form 4136	-
	- 사용하는 근건 없었는 가게 10년 10년 10년 10년 10년 10년 10년 10년 10년 10년	165 005
Defend	72 Add Ins 61-63, 64a, & 65-71. These are your total pmts 73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	72 165,897. . 73
Refund	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here >	74a
	▶ b Routing number XXXXXXXXX ▶ c Type: Checking Savings	7556576
Direct deposit?	d Account number XXXXXXXXXXXXXXX	
See instructions.	75 Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	
Amount	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76 95,511.
You Owe	77 Estimated tax penalty (see instructions)	
		mplete below. No
Third Party		
Designee	Designee's name Colin M Robertson Jr C.P.A. Phone no. (410) 263-6376	Personal identification number (PIN) ► 36873
Sign	Under penalties of perjury declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	best of my knowledge and
Here		4 to 500 at 1000
Joint return?	a bulloul	Daytime phone number
See instructions.	Speuse's signature. If a joint return, both must sign. Date Spouse's occupation	MATTER TO SERVICE STATE OF THE SERVICE STATE STA
Keep a copy for your records.	Spouse's occupation	
	Print/Type preparer's name Preparer's signature Date Check	X if PTIN
Doid	Colin M Robertson Jr C.P.A. 08/31/2011 self-emplo	_
Paid Preparer's	Firm's name Colin M Robertson Jr CPA	750 20000131
Use Only	Firm's address > 612 Third St, Suite 3A Firm's E	=IN ►
	Annapolis MD 21403 Phone	

EXHIBIT 8

LAW OFFICES

KAGAN STERN MARINELLO & BEARD, LLC

238 WEST STREET
ANNAPOLIS MARYLAND 21401
Telephone (410) 216-7900
Facsimile (410) 705-0836

STEPHEN B. STERN (410) 793-1610

STERN@KAGANSTERN.COM WWW.KAGANSTERN.COM

June 11, 2019

VIA EMAIL

John White, CEO Smart Retail, Inc. 222 Severn Avenue Suite 200 Annapolis, Maryland 21403

Re: Conflict of Interest Disclosure

John:

As you know, you recently advised me that you are planning to form a new corporation called Smart Retail, Inc. ("Smart Retail"). Smart Retail will utilize radio frequency identification ("RFID") technology that will create new marketing opportunities for businesses, primarily by attaching to products (mostly in retail establishments) a label that contains a chip. You asked me and my firm to serve as outside counsel for Smart Retail to help the company address a number of legal issues. You later offered me the opportunity to become a minority shareholder in Smart Retail, with my initial ownership stake being at 1%. The opportunity to serve as outside counsel to Smart Retail and also become a shareholder is very exciting to me and I very much appreciate the opportunity to serve in both capacities. The dual role I am expected to have for Smart Retail, however, raises potential conflicts of interest under the Maryland Rules and, prior to proceeding any further, I believe it is necessary to disclose those potential conflicts to you in writing so that you fully understand them. If you feel comfortable proceeding with my dual role after disclosing these potential conflicts of interest, please indicate your consent by signing where indicated below in this letter.\(1\)

¹ We already discussed these issues by phone and you gave your verbal consent, but, pursuant to the Maryland Rules, it is necessary to address any actual or potential conflicts of interest in writing to avoid any misunderstandings and have your written consent in writing as well.

John White, CEO Smart Retail, Inc. June 11, 2019 Page 2 of 6

Maryland Rule 19-301.8(a) states that an "attorney shall not enter into a business transaction with a client unless: (1) the transaction and terms on which the attorney acquires the interest are fair and reasonable to the client and are fully disclosed and transmitted in writing in a manner that can be reasonably understood by the client; (2) the client is advised in writing of the desirability of seeking and is given a reasonable opportunity to seek independent legal advice on the transaction; and (3) the client gives informed consent, in a writing signed by the client, to the essential terms of the transaction and the attorney's role in the transaction, including whether the attorney is representing the client in the transaction." I address each of these requirements below.

Conflicts of Interest

After I sent you an engagement letter for me and my firm to serve as outside counsel on general business matters for Smart Retail, you offered me the opportunity to become a shareholder in Smart Retail, with the initial opportunity to own 1% of the company. The amount of the initial investment has yet to be determined.

Initially, you asked me and my firm to help you form the company and draft the initial shareholder agreements. With me becoming one of the early investors in Smart Retail, that poses a potential (but waivable) conflict of interest, even though I am not going to be the attorney who actually performs the work of forming the corporation and

² The original engagement letter dated May 1, 2019 was for SRL, Inc., but you later decided to change the name to Smart Retail, Inc., which led me to send this revised conflict disclosure letter and a new engagement letter for Smart Retail.

³ You have made a similar offer to own 1% of Smart Retail to some other individuals (approximately seven) who are employees of other companies you own and/or manage and/or advisors to you in some capacity.

⁴ I asked you what amount you are seeking for 1% of the company, and you advised me that there is no particular number at this point because the initial distribution of stock to the individuals who will own 1% of the company is not intended to raise capital; it is intended to give a few individuals who have helped you get to this point with this business opportunity to become early stakeholders in this new venture that will be known as Smart Retail.

John White, CEO Smart Retail, Inc. June 11, 2019 Page 3 of 6

drafting the initial documents, including the initial shareholder agreements.⁵ The reason for the potential conflict is that either I or my colleagues could potentially take advantage of the position of trust we hold and draft one or more documents or otherwise give advice that is more favorable to me and potentially less favorable to you. I do not foresee a circumstance where I or my colleagues would engage in such conduct, but that risk does exist and must be disclosed to you.

You have since advised me that you may seek representation from Mitchell Goldsmith, of Taft Stettinius & Hollister, LLP, in connection with the formation of Smart Retail and drafting the initial documents, including the initial shareholder agreements, because you have worked with him for many years and you value his experience in drafting these sorts of documents and other corporate matters. If you were to use Mitchell Goldsmith and his firm instead of mine, that would eliminate any potential conflict of interest for me and my firm, at least with the initial formation of Smart Retail and the drafting of the initial shareholder agreements.⁶

Although referring these initial tasks to Mitchell Goldsmith and his firm instead of my firm would eliminate any potential conflict of interest for me and my firm with respect to those initial tasks, I do not believe that fully eliminates all potential conflicts of interest for me and my firm. In this regard, if Smart Retail goes through additional rounds of capital raising/seeking new investors, there is the potential for my interest in the company to be diluted, which could have a negative impact on the value of my interest in the company. The potential adverse effect on my interest in Smart Retail could potentially influence the advice I (or my colleagues) give you and the company. While I do not foresee a circumstance where my advice (or the advice of my colleagues) would be influenced by my interest in Smart Retail, it is possible and I would be remiss in failing to disclose that risk to you.

⁵ I would refer that work to my partner, Ryan Beard. I am expected to assist on business contracts, employment issues, litigation (if litigation ever became necessary), and other risk management issues going forward.

⁶ Regardless of which firm helps you form Smart Retail and drafts the initial documents (you also noted that you may use a combination of Mitchell's firm and my firm for these initial documents), including the initial shareholder agreements, the terms of the initial investment and shareholder agreement are expected to be in writing, which will further satisfy the requirements of Maryland Rule 19-301.8(a)(1).

John White, CEO Smart Retail, Inc. June 11, 2019 Page 4 of 6

Another area where a potential conflict of interest may arise concerns my billing practices. In this regard, because I am going to be a shareholder in Smart Retail, you may ask for or expect potential discounts on my firm's invoices or, alternatively, I may be incentivized to offer discounts on invoices to advance my financial interest in Smart Retail. While I and my colleagues may occasionally offer courtesy discounts to clients for certain tasks performed or write off or otherwise discount fees that are not reasonable under the circumstances, I am not permitted to offer any discounts to Smart Retail beyond what I might otherwise offer in the ordinary course of business. Any discount beyond what might be offered in the ordinary course of business is prohibited because discounting invoices to Smart Retail in that manner would potentially benefit me (indirectly) as a shareholder of Smart Retail to the detriment of my law firm partners, which would violate duties I owe to my law firm partners. Thus, during the course of my firm's representation of Smart Retail, I cannot discount my firm's invoices in any way based on my role as a shareholder of Smart Retail.

As you know, as CEO of Compass Marketing, Inc. ("Compass"), and Tagnetics, Inc. ("Tagnetics"), you have retained me and my firm to represent Compass and Tagnetics in various capacities, including on advisory matters and litigation related matters. While I do not have any ownership interest in either Compass or Tagnetics, and I have not been offered the opportunity to become an investor in either company, my ownership interest in Smart Retail could potentially have an adverse effect on my representation of Compass and Tagnetics. In this regard, I could potentially give tasks performed for Compass or Tagnetics a lower priority than tasks that need to be performed for Compass or Tagnetics. I do not foresee a circumstance where I or my colleagues would act in such a manner. Nevertheless, I believe I am obligated to make this disclosure to you. In addition, for the reasons discussed above, I am not permitted to offer any discounts in legal fees to Compass or Tagnetics outside of what might be offered in the ordinary course of business as an indirect benefit to you for allowing me the opportunity to become an investor in Smart Retail.

Besides the potential conflicts of interest described above, other potential conflicts of interest may arise related to liquidity events concerning the shares I and other shareholders own in Smart Retail. In addition, potential conflicts of interest may arise in connection with the legal work you and I anticipate I will perform on behalf of Smart Retail. The precise contours of these potential conflicts are unclear at this time, as we do

John White, CEO Smart Retail, Inc. June 11, 2019 Page 5 of 6

not know exactly what circumstances will arise and exactly what legal issues I will be working on at a given time in the future. Nevertheless, I wanted to note these possibilities to you in the interest of full disclosure. As we discussed, if there comes a time where I am able to identify an actual or potential conflict of interest in connection with a particular task/project I am asked or my firm is asked to perform on behalf of Smart Retail (or even Compass or Tagnetics), I will disclose it to you as promptly as I can and address it with you (and identify whether it is waivable or not).

Seek Other/Independent Counsel

As you know, the potential conflicts of interest identified in this letter raise important issues for you to consider so that you can be sure you are comfortable that your interests (actually, the interests of Smart Retail and your other companies) are adequately represented and not unfairly influenced by my anticipated financial interest in Smart Retail. To this end, I must advise you that it may be in your interest to seek counsel other than me to discuss the issues I have raised in this letter and help you evaluate the potential conflicts of interest related to my anticipated ownership interest in Smart Retail. While I can recommend attorneys to you, I know you know several attorneys with whom you can consult (including, but not limited to, Mitchell Goldsmith). Nevertheless, if you would like me to refer you to one or more other attorneys, please let me know.

Informed Consent

If you conclude after reviewing this letter and/or seeking counsel from another attorney with respect to the issues I have raised in this letter that I and my firm will fairly and zealously represent Smart Retail (and Compass and Tagnetics), even when I am a shareholder of Smart Retail, please sign where indicated below. By signing below, you represent the following: (1) you believe you have been adequately informed of the actual and potential conflicts of interest that exist with me being an investor in Smart Retail and me and my firm serving as outside counsel to Smart Retail (and Compass and Tagnetics); (2) you believe my firm and I will fairly and zealously represent Smart Retail (and Compass and Tagnetics), even when I am a shareholder of Smart Retail; (3) you consent to me and my firm serving as outside counsel to Smart Retail (and Compass and Tagnetics); and (4) you consent to me being a shareholder in Smart Retail.⁷

⁷ To ensure complete transparency in every respect, this letter has been reviewed by the Managing Member of my law firm, Jonathan Kagan.

John White, CEO Smart Retail, Inc. June 11, 2019 Page 6 of 6

If you have any questions, believe any the issues raised in this letter are not clear, or would like to discuss any of these issues further, please let me know. Of course, if you do not consent to all four of the foregoing items, please let me know and either I will not become a shareholder of Smart Retail or, if there is a concern that you believe can be remedied, we should discuss that potential remedy.

Very truly yours,

KAGAN STERN MARINELLO & BEARD, LLC

Stephen B. Stern

AGREED AND ACCEPTED:

By:		Dated:	UST .	
	John White, individually and as		***************************************	_
	CEO, Smart Retail, Inc.			
	CEO, Compass Marketing, Inc.			
	CEO, Tagnetics, Inc.			